


2003
~~2004~~ FOR PROFIT CORPORATION
 ANNUAL REPORT

FILED
 Jun 01, 2004 08:00 AM
 Secretary of State

DOCUMENT # F03000004807
 1. Entity Name
 INTERSTATE CONSOLIDATED ROOFING
 INCORPORATED



Principal Place of Business 5009 HIGHWAY 5 DOUGLASVILLE, GA 30135-5319	Mailing Address 5009 HIGHWAY 5 DOUGLASVILLE, GA 30135-5319
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05062004 No Chg-P CR2E034 (10/03)

4. FEI Number 58-2211685	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 RON BELL, INC.
 3380 N. OLD DIXIE HIGHWAY
 DELRAY BEACH, FL 33483

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
 Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P JONES, ANTHONY C 5009 HIGHWAY 5 DOUGLASVILLE, GA 301355319
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S HENRY, DAVID M JR 5968 HILLTOP DR. DOUGLASVILLE, GA 301355319
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T JONES, ANTHONY C 5009 HIGHWAY 5 DOUGLASVILLE, GA 301355319
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Anthony C. Jones 5/4/2004 770-577-8866
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #