## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F04000005357

Title:

Name:

Address:

City-St-Zip:

VΡ

REAMS, TERRI L

STRATFORD, OK 74872

PO BOX 582

(X) Delete

FILED Apr 30, 2005 Secretary of State

Entity Name: SHELTER ROOFING, INC. **Current Principal Place of Business: New Principal Place of Business:** 6804 LOVINGTON DR DALLAS, TX 75252 **Current Mailing Address: New Mailing Address:** 6804 LOVINGTON DR DALLAS, TX 75252 FEI Number: 05-0566614 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: DST ( ) Delete Title: (X) Change ( ) Addition REAMS, RANDY L Name: Name: REAMS, RANDY L PO BOX 582 PO BOX 582 Address: Address: City-St-Zip: STRATFORD, OK 74872 City-St-Zip: STRATFORD, OK 74872 Title: DΡ Title: DST () Delete (X) Change ( ) Addition Name: REAMS, CHRIS A Name: REAMS, RANDY L 13306 MING HEIGHTS DR. Address: Address: PO BOX 582 SAN ANTONIO, TX 78230 City-St-Zip: City-St-Zip: STRATFORD, OK 74872 Title: Title: (X) Change ( ) Addition ( ) Delete DCFO MARSH, CHRIS E MARSH, CHRIS E Name: Name: 717 CALIFORNIA 1302 AUSTIN THOMAS Address: Address: City-St-Zip: KELLER, TX 76248 City-St-Zip: KELLER, TX 76248

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: RANDY L REAMS DP 04/30/2005

() Change () Addition