


2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jul 28, 2005 08:00 AM
Secretary of State

DOCUMENT # F04000006440 1. Entity Name CASE ROOFING AND HOME IMPROVEMENT, INC.	
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Principal Place of Business 8404 ROCK BROOK CIRCLE LOUISVILLE, KY 40220	Mailing Address 8404 ROCK BROOK CIRCLE LOUISVILLE, KY 40220
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DO NOT WRITE IN THIS SPACE

(F04000006440P)

07202005 No Chg-P CR2E034 (10/03)

4. FEI Number 61-1366037	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DAVIS, DANA BLAIR 8404 ROCK BROOK CIRCLE LOUISVILLE, KY 40220
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DAVIS, REGINA 8404 ROCK BROOK CIRCLE LOUISVILLE, KY 40220
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07/28/05-80004-005 158.75

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: 	Date: 7-20-05	Daytime Phone #: 502 500 2332
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		