


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # F04000006939					
1. Entity Name SHELTERGUARD ROOFING SYSTEMS INC.					
Principal Place of Business 3808 MOGADORE ROAD MOGADORE OH 44260		Mailing Address 2525 CARMEL ROAD INDIALANTIC FL 32903			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 34-1951548	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DELANEY, DOROTHY 2525 CARMEL ROAD INDIALANTIC FL			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CPST	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIPSCOMB, MARK A		NAME		
STREET ADDRESS	4094 SUNRISE BLVD. S.		STREET ADDRESS		
CITY-ST-ZIP	MOGADORE OH 44260		CITY-ST-ZIP	05/03/05-80003-004 150.00	
TITLE	VCD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIPSCOMB, DAWN R		NAME		
STREET ADDRESS	4094 SUNRISE BLVD. S.		STREET ADDRESS		
CITY-ST-ZIP	MOGADORE OH 44260		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELLE LOWE, LULA		NAME		
STREET ADDRESS	626 WOODSTOCK ROAD		STREET ADDRESS		
CITY-ST-ZIP	AKRON OH 44312		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Mark A. Lipscomb</i>			Date: 4-29-05 Daytime Phone #: 330-628-7452		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
MARK A. LIPSCOMB, PRESIDENT					

