2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

1. Entity Nami	# F10063 ROOFING & REF	PAIR, INC.				Jan 29, 2004 08:00 AM Secretary of State					
Principal Place 17230 SE 18 SILVER SPRI US	TH PLACE	17230	Mailing Address 17230 SE 18TH PLACE SILVER SPRINGS FL 34488 US								
2. Principal P	lace of Busin	3. Mail	3. Mailing Address								
Suite, Apt	#, etc		Suite, Apt. #, etc.				MOORE CR2E034 (11/03)				
City & State				City & State			4. 9	4. FEI Number 59-2043484 Applied For Not Applicable			
Zip			Zip			Country		Certificate of Status Desired	Fee	.75 Addit Required	
6. Name and Address of Current				d Agent	Name	7. t	lame and Address of New Rec	distered Ager	nt	·····	
172	OTT, DOR 30 SE 18 /ER SPRI			Street Address (P.O. Box Number is Not Acceptable)							
						City			FL	Zıp Code	
	named entit		ent for the purp	ose of changing its	s register	ed office or regis	itered ag	ent, or both, in the State of Flori	da. I am fami	liar with, a	and accept
SIGNATURE .	Signature types	or printed name of registered	agent and title if app	vicable (NO	TE Registere	d Agent signature requ	ired when r	onstaling)	QATE		
Afte	r May 1, 20	!! FEE IS \$150.00 04 Fee will be \$550 o Florida Departme	.00					Election Campaign Final Trust Fund Contribution.			O May Be to Fees
10,		OFFICERS	AND DIRECTO	RS	11.		ΑE	DDITIONS/CHANGES TO OFFIC			
RITLE RAME STREET ADDRESS CITY-ST-ZIP	P SCOTT, W 17230 SE SILVER SE	18TH PLACE		☐ Delete		1		U000000 01/29/04-8	20545 C070-014	Change } 158.	— Addition . 75 ————————————————————————————————————
TITLE NAME STREET ADDRESS CHY-ST-ZIP	1	OROTHY A. 18TH PLACE PRINGS FL		□ Delete		1				Change	Addition
TITLE NAME STREET ADDRESS CITY -ST- ZIP				☐ Delete		1				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		1				Change	☐ Addition
BILE NAMI STREET ADDRESS CRY-ST-ZIP				Delete	3	I				Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	can	ME EET ADDRESS Y-ST-ZIP] Change	Addition
		ne information supplied in or supplied in or supplemental rethe receiver or trustee tachment with an add	d with this filling port is true and empowered to ress, with all of	does not qualify for accurate and that be execute this report fike empowere	or the exe my signa nt as requi d.	emption stated in ature shall have t aired by Chapter	n Section he same 607, Flor	119.07(3)(i), Florida Statutes. I legal effect as if made under or irida Statutes, and that my name			
SIGNA	UKE:	SIGNATURE AND TYPE	ED OR PRINTED NA	ME OF SIGNING OFFICE	R OR DIREC	TOR		Date	Daytir	ne Phone #	<u>~~</u>

FILED