


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 15, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F13956</b> 1. Entity Name <b>ARLINGTON-BEACHES ROOFING COMPANY, INC.</b>	
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Principal Place of Business <b>1441 CESERY TERRACE JACKSONVILLE, FL 32211</b>	Mailing Address <b>1441 CESERY TERRACE JACKSONVILLE, FL 32211</b>
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**DO NOT WRITE IN THIS SPACE**

04052004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-2110508</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**GODWIN, KIMBERLY H  
2962 KURRY LANE  
HILLIARD, FL 32046**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>000000113396 04/15/04-80008-004 150.00</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GODWIN, KIMBERLY H 2962 KURRY LANE HILLIARD, FL 32046
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOZEMAN, BARBARA 1430 CESERY BLVD JACKSONVILLE, FL 32211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST HARSCH, TONJIA 1524 S OCEANSHORE BLVD FLAGLER BEACH, FL 32136
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOZEMAN, BERT 1430 CESERY BLVD JACKSONVILLE, FL 32211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP GODWIN, MITCHELL E 2962 KURRY LANE HILLIARD, FL 32046
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: *Kimberly H. Godwin*  
**Kimberly H. Godwin**

*4/13/04*  
Date

*904-794-8888*  
Daytime Phone #