## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Mar 09, 2004 8:00 am DOCUMENT # F85254 Secretary of State 1. Entity Name 03-09-2004 90023 038 \*\*\*150.00 J & D ROOFING, INC. Principal Place of Business Mailing Address 1416 14TH STREET PO BOX 6748 64010313 VERO BEACH FL 32960 VERO BEACH FL 32961 2. Principal Place of Business 3. Mailing Address BOX 6742 1416 Suite, Apt. #, etc. CR2E034: (11/03) 4. FEI Number Applied For 59-2222479 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ZUNIGA-STARCKX, ARELY V Street Address (P.O. Box Number is Not Acceptable) **1416 14TH STREET** VERO BEACH FL 32960 City 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 . Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rainstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete VP. TIDE Change TITLE Addition MICHAEL D. STARCKX NAME ZUNIGA, JESUS NAME } <del>417 H</del> ST. STREET ADDRESS 1230 14TH AVENUE 1416 STREET ADDRESS CITY-ST-7IP VERO BEACH FL 32960 CITY-ST-ZIP BEACH FL 32960 Vero TITLE ☐ Change ☐ Delete TITLE Addition NAME STARCKX, ARELY V NAME STREET ADDRESS 1416 14TH ST STREET ADDRESS City-ST-ZIP VERO BEACH FL 32960 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME . . . STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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)(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 trystee 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.

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

Daytime Phone #