2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # F85254 1. Entity Name J & D ROOFING, INC.						FIL	ED.		
	:	•				04 SEP -2	IPM O.		
Principal Plac 1416 14TH VERO BEACH		Mailing Address PO BOX 6748 VERO BEACH, FL 3296	61		1/68/188	SECRETARY ALLAHASSE	OF STATE E. FLORIDA	T11666 11 1921	
2. Principal Place of Business 1446 Suite, Apt. #, etc. 3. Mailing Address 0. BOX 6 Suite, Apt. #, etc.				48					
City & Stat	e ₀ -	City & State			4. FEI Numb		F-+	Applied For	
VERO 32960	BEACH FL Country USX	VERO BCH	 Country 	'SA	59-222 5. Certificate	22479 of Status Desired	\$8.75 A		
	6. Name and Address of Current	Registered Agent		Name	7. Name and	Address of New Re	_ _		
ZUNIGA-STARCKX, ARELY V 1416 14TH STREET VERO BEACH, FL 32960					Street Address (P.O. Box Number is Not Acceptable)				
ı	1		-	City		<u></u>	FL Zip Co	de	
8. The above the obligat	named entity submits this statement for inperior registered agent. Signature, typed or printed name of registered agent.				istered agent, or bo	oth, in the State of Flor	ida. Tam familiar with	, and accept	
Ām	ended AR is \$61.25	9. Election Campaig Trust Fund Contri			\$5.00 May Be Added to Fees				
10.	OFFICERS AND	DIRECTORS Delete	11.	ΙV/		CHANGES TO OFFIC	CERS AND DIRECTOR		
NAME STREET ADDRESS CITY-ST-ZIP	STARCKX, MICHAEL D 1416 14TH ST. VERO BEACH, FL 32960	, DEL DEINE	NAME	ADDRESS /	ESUS G. 230 14TH	AVENIUE		S Vagition	
TITLE NAME STREET ADDRESS	PDS STARCKX, ARELY V 1416 14TH ST	☐ Delete	TITLE NAME STREET	TA JC ADDRESS /2	LEAS. 13E A. Z 130 14TH	AVENUE	☐ Change	∐ ∆d dition	
CITY-ST-ZIP	VERO BEACH, FL 32960	☐ Delete	CITY-S'	1-ZIP VE	ERO BCH,	FL 3296	Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	- 1 1 - 4		STREET CITY-ST	ADDRESS T-ZIP	31 09/10	000409 004-01069	70743 -008 **61.	.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-ST	ADDRESS 1-7IP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME	ADDRESS		,	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME	ADDRESS			☐ Change	☐ Addition	
12, I hereby of indicated of the correlatinged.	certify that the information supplied wit on this report or supplemental report i poration or the receiver or trustee emp or on an attachment with an address.	h this filing does not qualify for strue and accurate and that mowered to execute this report a with all other like empowered. PRINTED NAME OF SIGNING AFFICER	(the		n Section 119.07(3) the same legal effe- 607, Florida Statute	(i), Florida Statutes. I ot as if made under or as; and that my name	further certify that the tath; that I am an office appears in Block 10 of 1772 562	information r or director or Block 11 if	