

**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 14, 2004 8:00 am**  
**Secretary of State**

05-14-2004 90012 041 \*\*\*150.00

**DOCUMENT # G01560**

1. Entity Name  
**A & B ROOFING COMPANY, INC.**



Principal Place of Business Mailing Address  
**3905 MOORES STATION ROAD SANFORD FL 32773**

**24075460**



MOORE CR2E034 (11/03)

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-2216184** Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ANDERSON, JAMES**  
**3905 MOORES STATION ROAD**  
**SANFORD FL 32773**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004, Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**


**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	PD	<input type="checkbox"/> Delete
NAME	ANDERSON, JAMES W	
STREET ADDRESS	3905 MOORES STATION ROAD	
CITY-ST-ZIP	SANFORD FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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NAME		
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 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: *James Anderson* **JAMES ANDERSON** 4-15-04 407-322-9417  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Attachment  


**A & B ROOFING COMPANY, INC.**  
3905 MOORE'S STATION ROAD  
SANFORD, FLORIDA 32773  
(407) 322-9417

2405460  
# G 01560

TO WHOM IT MAY CONCERN,

THIS IS A COPY OF FORM MAILED TO YOU APRIL 15, 2004. THE CHECK HAS NOT CLEARED OUR BANK. IF YOU RECEIVE OR HAVE RECEIVED OTHER CHECK PLEASE RETURN ONE CHECK TO MY OFFICE. I CALLED TO CHECK ON THE STATIC IF CHECK & SPOKE WITH KATHY, YOU HAD NOT RECEIVED IT. WE HAD 5-6 CHECKS MAILED OUT AT SAME TIME NO ONE HAS RECEIVED THE CHECKS. SOMEONE MUST OF TAKEN THEM FROM OUR MAIL BOX THINKING THEY COULD CASH THEM. BUT ALL WHERE TO BUSINESSES. IF I CAN BE OF ANY HELP PLEASE CALL. BETWEEN 11:00 AM & 5:00 PM.

THANK YOU,  
RUTH