


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2004 8:00 am**  
**Secretary of State**

04-06-2004 90020 041 \*\*\*150.00

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| <b>DOCUMENT # G23225</b><br>1. Entity Name<br><b>DUNCAN AND MOODY ROOFING, INC.</b>   |  |  |  |                |  |
| Principal Place of Business<br><b>3280 PARRISH RD<br/>TITUSVILLE, FL 32796</b>  |  |  | Mailing Address<br><b>PO BOX 6434<br/>TITUSVILLE, FL 32782</b> |   |  |
| 2. Principal Place of Business<br><b>1480 N. US Hwy. 1</b>  |  | 3. Mailing Address<br><b>PO Box 6434</b>   |  |   |  |
| Suite, Apt. #, etc.:  |  | Suite, Apt. #, etc.:   |  |   |  |
| City & State<br><b>Titusville</b>   |  | City & State<br><b>Titusville, FL</b>  |  | 4. FEI Number<br><b>59-2258964</b>  |  |
| Zip<br><b>32796</b>   |  | Country<br><b>USA</b>  |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| 6. Name and Address of Current Registered Agent<br><br><b>DUNCAN, D. MICHAEL<br/>3280 PARRISH RD<br/>TITUSVILLE, FL 32796</b>   |  | 7. Name and Address of New Registered Agent<br>Name <b>Duncan, D. Michael</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>15 Einig Av.</b><br>City <b>Titusville</b> <b>FL</b> Zip Code <b>32796</b> |  |   |  |
| 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.<br><br>SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |  |  |  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>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>  |  |   |  |
| 10. OFFICERS AND DIRECTORS  |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11          |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | CEO<br>DUNCAN, DENNIS M<br>3280 PARRISH ROAD<br>TITUSVILLE, FL 32796<br><i>New Add. only</i> |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                 | CEO<br>Duncan, Dennis M.<br>15 Einig Av.<br>Titusville, FL 32796                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | P<br>MOODY, MICHAEL<br>2817 MOURNING DOVE WAY<br>TITUSVILLE, FL 32780                        |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VPCL<br>THURSTON, PAUL D<br>4735 GREENHILL ST<br>PORT SAINT JOHN, FL 32927                   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| 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: <i>Dennis M. Duncan</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |  |  | 3-31-04 (321) 269-9588<br><small>Date Daytime Phone #</small>  |   |  |