## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 14, 2005 08:00 AM DOCUMENT # H28751 **Secretary of State** 1. Entity Name JOHN RODDY ROOFING, INC. Principal Place of Business Mailing Address 1391 ROBIN HOOD LANE DUNEDIN FL 34698 P.O. BOX 266 DUNEDIN FL 34697 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite Apt #, etc. 1st MOORE CR2E034 (10/04) City & State City & State Applied For 4. FEI Number 59-2464000 Not Applicable Zip Country Zip Country \$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 Name RODDY, JOHN F 898 EMERSON DR Street Address (P.O. Box Number is Not Acceptable) **DUNEDIN FL 34698** 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 reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete DITE Change Addition 100000227924 RODDY, JOHN F NAME 02/14/05-80019-014 150.00 STREET ADDRESS 898 EMERSON DRIVE TREET ADDRESS CITY-ST-ZIP DUNEDIN FL 34698 CITY-SI-ZIP TITLE Delete Change ☐ Addition AUSTIN, DAVID NAME NAME 1001 GREENWOOD AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLEARWATER FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition DAY, DAVID NAME STREET ADDRESS 511 7TH AVE. N.E. STREET ADDRESS CITY-ST-ZIP LARGO FL 33770 CHY-SI-ZIP TITLE Delete MILE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Inte ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete THE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. It 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-05

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**FILED**