


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # H35967 1. Entity Name CARDINAL ROOFING & SIDING OF FLORIDA, INC.	
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Principal Place of Business 1682 SE S NIE MEYER CIRCLE PORT ST LUCIE, FL 34952	Mailing Address PO BOX 333 BRICK, NJ 08723
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DO NOT WRITE IN THIS SPACE



04222004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2498442	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BRAD HOGAN 1682 SE SOUTH NIEMEYER CIRCLE PORT SAINT LUCIE, FL 34952	DO NOT WRITE IN THIS SPACE
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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 Brad S Hogan DATE 4/22/04

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 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P KELLY, WILLIAM 37 SLEEPY HOLLOW RD. RED BANK, NJ 07701
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HOGAN, BRAD 5045 WHIPPORWILL AVE. PALM CITY, FL 24990
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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04/27/04-80034-022 300.00

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04/27/04-80034-022 300.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 another like empowered.

SIGNATURE: [Signature] DATE 4/22/04 DAYTIME PHONE 772-988-9222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR