2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Harry V. Camp

Apr 26, 2004 8:00 am Secretary of State DOCUMENT # H46885 04-12-2004 90678 035 ***150.00 1. Entity Name CAMP-RIGBY ROOFING-SHEETMETAL CONTRACTORS, INC. Principal Place of Business Mailing Address 1106 S.E. 12TH COURT CAPE CORAL FL 33990 1106 S.E. 12TH COURT CAPE CORAL FL 33990 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State 4. FEI Number City & State Applied Far 59-2525571 Not Applicable Zip Country Country Zio \$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 --- CAMP, HARRY VINCENT 1106 SE 12TH COURT CAPE CORAL FL 33990 Street Address (P.O. Box Number is Not Acceptable) 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 life if applicable. INOTE: Registered Agent senseure required when reinstation). DATE FILE NOW!!! FEE IS \$150.00 After May 1: 2004 Fee will be \$550.00 \$5.00 May Be 9. Election Campaign Financing Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PTD TITLE Delete TITLE ☐ Change ■ Addition NAME CAMP, HARRY VINCENT MAKE 1304 CANTERBURY DR STREET ADDRESS STREET ADDRESS FT MYERS FL CITY-ST-ZIP CITY-ST-ZIP VSD TITLE ☐ Delete TITLE ☐ Change ☐ Addition RIGBY, ROBERT MICHAEL NAME 17180 PLEASURE RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP N. FT. MYERS FL CITY-ST-ZIP TITLE ☐ Delete THE ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Contract to the contract of CITY-ST-ZIP TITLE Oelete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TM F ☐ Chance ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME ધેર તેણે એક STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

Harry V. Camp, President 239-772-4848

FILED

4/22/04