


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 17, 2004 8:00 am
Secretary of State

02-25-2004 90037 026 ***150.00

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|---|---|
| DOCUMENT #H64156 |  |
| 1. Entity Name BEN'S RELIABLE ROOFING, INC. | |

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| Principal Place of Business 9721 N.W. 26TH CT. PEMBROKE PINES FL 33024 | Mailing Address 9721 N.W. 26TH CT. PEMBROKE PINES FL 33024 |
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|---|---|
| 2. Principal Place of Business 1511 NW 87 WAY | 3. Mailing Address 1511 NW 87 WAY |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

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|--|--|
| City & State Pembroke Pines FL | City & State Pembroke Pines FL |
| Zip 33024 | Zip 33024 |
| Country USA | Country USA |

| | |
|---|--|
| 6. Name and Address of Current Registered Agent BUSH, BEN JR. 9721 N.W. 26TH CT. PEMBROKE PINES FL 33024 | |
| 7. Name and Address of New Registered Agent 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 *Ben Jr Bush* **BEN JR BUSH** DATE 3/21/04

Signature, types or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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| 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. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD BUSH, BEN JR. 9721 N.W. 26 CT. HOLLYWOOD FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS 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: *Ben Jr Bush* **BEN JR BUSH** 3/15/04 954-966-4027

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

66406592



MOORE CR2E034 (11/03)