


2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91214 046 ***150.00

DOCUMENT # J31504 1. Entity Name CUSTOM ROOFING, INC.					
Principal Place of Business 2675 CRAG ST. FORT MYERS, FL 33901			Mailing Address 2675 CRAG ST. FORT MYERS, FL 33901		
2. Principal Place of Business 1017-C SE 12th Ave Suite, Apt. #, etc.		3. Mailing Address 1017-C SE 12th Ave. Suite, Apt. #, etc.			
City & State Cape Coral, Fl. 33990		City & State Cape Coral, Fl.		4. FEI Number 59-2713187	
Zip 33990.		Country Lee		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FLESHER, GARY L. 924 SE 16TH ST CAPE CORAL, FL 33990			7. Name and Address of New Registered Agent Name Gary L. Flesher Street Address (P.O. Box Number is Not Acceptable) 532-A Fairways Cir City Ocala FL Zip Code 34472		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE 4-20-04	
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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS TETER, HENRY T. 9381 SEDGEFIELD RD. N. FORT MYERS, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FLESHER, GARY L. 924 SE 16TH ST CAPE CORAL, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FLESHER, DUANE 120 NW 25TH STREET CAPE CORAL, FL 33993		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 532-A Fairways Circle Ocala, Fl. 34472	
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	
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	
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: <u><i>Gary J Flesher</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE 4-20-04		Daytime Phone # 239-334-0334