## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 20, 2004 08:00 AM Secretary of State

ANNUAL REPORT Secretary of Star	
DOCUMENT # J88509	
Entity Name     ROOFING TECHNOLOGIES, INC.	
1,00. 110 120 110.	
Principal Place of Business Mailing Address	
505 NO. PARK AVE. 921 COPPERFIELD TER #209 CASSELBERRY, FL 327	
WINTER PARK, FL 32789 US	-
DO NOT WRITE IN THIS S	01072004 No Chg-P CR2E034 (10/03)
DO NOT WHITE IN THIS S	4. FEI Number Applied For 59-2857696 Not Applied by
	5. Certificate of Status Desired
6. Name and Address of Current Registered Agent	
RAUKTIS, KATHRYN S.	DO NOT WRITE
921 COOPERFIELD TERR. CASSELBERRY, FL 32707	and the state of the territorial particles. We get a second of the state of the st
·	IN THIS SPACE
The above named entity submits this statement for the purpose of changing its the obligations of registered agent.	registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	·
Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstature) OATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  9. Election Campai Trust Fund Contr	
10. OFFICERS AND DIRECTORS	The first continuous services by the regard or the first that the continuous
ITILE PTD NAME RAUKTIS, KATHRYN S.	Wn000058636
STREET ADDRESS 921 COOPERFIELD TERR.	02/20/04-80046-D11 150.00
CITY-ST-ZIP CASSELBERRY, FL	
NAME RAUKTIS, LARRY J.	
STREET ADDRESS 921 COOPERFIELD TERR.  CITY-ST-ZIP CASSELBERRY, FL	
ITTLE CASSELDS SARTI, FE	
NAME OTHER ADDRESS	
STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE
TITLE	IN THIS SPACE
NAME Street address	
CITY-ST-ZIP	
TITLE NAME	
STREET ADDRESS	
CRY-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.

SIGNATURE:

NAME Street address City+St+Zip

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/04 407-647-6090