


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90343 038 ***150.00

DOCUMENT # K05632 1. Entity Name FLEMING BROTHERS ROOFING, INC.					
Principal Place of Business 4830 FONSYTH RD #456 WINTER PARK, FL 32792			Mailing Address 4830 FONSYTH RD #456 WINTER PARK, FL 32792		
2. Principal Place of Business 6450 University Blvd.		3. Mailing Address 6450 University Blvd			
Suite, Apt. #, etc. #5		Suite, Apt. #, etc. #5			
City & State Winter Park, FL.		City & State Winter Park, FL.		4. FEI Number 59-2875168	
Zip 32792		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HERRMAN, WILLIAM R. 445 DOUGLAS AVE SUITE 1705 ALTAMONTE SPRINGS, FL 32714			7. Name and Address of New Registered Agent Name Michael Fleming Street Address (P.O. Box Number is Not Acceptable) 6450 University Blvd. #5 City Winter Park FL Zip Code 32792		
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 <u><i>Michael Fleming</i></u> Michael Fleming (NOTE: Registered Agent signature required when reinstating) 4/14/05					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	V FLEMING, MICHAEL J 930 N. LAKE CLAIRE CIR. OVIEDO, FL 32765	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	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	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>Michael Fleming</i></u> Michael Fleming 4/14/05 (407) 679-2070 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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