

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # K59403

1. Entity Name
ROOF AND RACK, INC.



Principal Place of Business
**6421 CONGRESS AVE
STE 117
BOCA RATON, FL 33487 US**

Mailing Address
**P O BOX 1330
BOCA RATON, FL 33429 US**



04222004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0095429

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ROOF, WILLIAM H
6421 CONGRESS AVE
STE 117
BOCA RATON, FL 33487**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

000000141251
04/30/04-80004-004 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
ROOF, J. DAVID
6421 CONGRESS AVE STE 117
BOCA RATON, FL 33487**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
ROOF, WILLIAM H
6421 CONGRESS AVE STE 117
BOCA RATON, FL 33487**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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NAME
STREET ADDRESS
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.

SIGNATURE:

William H Roof
WILLIAM H ROOF

4-28-04

761.393-4157

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #