2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 04, 2004 08:00 AM Secretary of State **DOCUMENT # M21650** 1. Entity Name MCENANY ROOFING, INC. Principal Place of Business Mailing Address 8803 INDUSTRIAL DR. 8803 INDUSTRIAL DR. TAMPA, FL 33637 TAMPA, FL 33637 No Chg-P CR2E034 (10/03) 03162004 DO NOT WRITE IN THIS SPACE Applied For 59-2583665 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MCENANY, MICHAEL DO NOT WRITE 2806 BARRETT AVE. PLANT CITY, FL 33567 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE MCENANY, MICHAEL NAME. STREET ADDRESS 2806 BARRET AVE CITY-ST-ZIP PLANT CITY, FL 33567 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Date

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STREET ADDRESS CITY-ST-ZIP