

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 26, 2004 8:00 am**  
**Secretary of State**

02-26-2004 90018 001 \*\*\*\*61.25

**DOCUMENT # N02000001200**

1. Entity Name  
**ROOFING CONTRACTORS ASSOCIATION OF SOUTH  
FLORIDA, INC.**



Principal Place of Business  
P.O. BOX 291416  
DAVIE, FL 33329-1416

Mailing Address  
P.O. BOX 291416  
DAVIE, FL 33329-1416



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02142004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**01-0608944**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCLAUGHLIN, GREGORY A ESQ.  
C/O TRIPP SCOTT, P.A.  
110 S.E. 6TH STREET, 15TH FLOOR  
FORT LAUDERDALE, FL 33301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete  
NAME **BARON, JOHN**  
STREET ADDRESS **2270 WEST 78TH STREET**  
CITY - ST - ZIP **HIALEAH, FL 33016**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE **SD** ☐ Delete  
NAME **FLETT, JIM**  
STREET ADDRESS **2020 THOMAS ST**  
CITY - ST - ZIP **HOLLYWOOD, FL 33020**

TITLE **D** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE **D** ☒ Delete  
NAME **ZEHNAL, MARK**  
STREET ADDRESS **10460 SW 187 TERR**  
CITY - ST - ZIP **MIAMI, FL 33157**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE **PD** ☐ Delete  
NAME **CONE, BILL**  
STREET ADDRESS **201 NW 12TH AVE**  
CITY - ST - ZIP **HOLLYWOOD, FL 33019**

TITLE **V** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE **D** ☐ Delete  
NAME **FOOTE, ROB**  
STREET ADDRESS **1314 E. ATLANTIC BLVD.**  
CITY - ST - ZIP **POMPANO BEACH, FL 33060**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE **PD** ☐ Change ☒ Addition  
NAME **RODMAN, KAREN**  
STREET ADDRESS **P.O. Box 227337**  
CITY - ST - ZIP **MIAMI, FL 33122**

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 617, 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]* **WILLIAM (BILL) CONE** 2/23/04 954-587-5040  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #