2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Jan 13, 2004 08:00 AM **DOCUMENT # P00000035898** Secretary of State 1. Entity Name CHRISTIAN ROOFING, INC. Principal Place of Business Mailing Address 11405 WEST COURT STREET 11405 WEST COURT STREET JACKSONVILLE, FL 32218 JACKSONVILLE, FL 32218 01062004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3637130 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MOODY, CHARLES F DO NOT WRITE 11405 WEST COURT STREET JACKSONVILLE, FL 32218 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 **\$5.00** May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. DPST TITLE MOODY, CHARLES F NAME STREET ADDRESS 11405 WEST COURT STREET CITY-ST-7IP JACKSONVILLE, FL 32218 U00000003307 01/14/04-80006-020 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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 employered 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 any address with all other like empowered. 904 765-5960

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP