
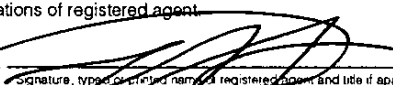
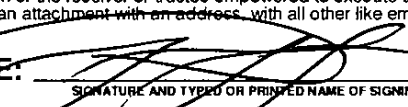


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90087 002 ***163.75

DOCUMENT # P00000096401			
1. Entity Name BONNER ROOFING INCORPORATED			
Principal Place of Business 2502 WEST 1ST ST SANFORD FL 32771		Mailing Address 5224 WEST ST RD 46 206 SANFORD FL 32771	
2. Principal Place of Business 2502 West 1st Street		3. Mailing Address 5224 West SR46	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 206	
City & State Sanford, FL		City & State Sanford, FL	
Zip 32771	Country USA	Zip 32771	Country USA
6. Name and Address of Current Registered Agent BONNER, GREGORY F 5414 CARTER ROAD LAKE MARY FL 32746		7. Name and Address of New Registered Agent "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  DATE 2-18-05 Gregory F. Bonner/President (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input checked="" 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	D BONNER, GREGORY 5414 CARTER ROAD LAKE MARY FL 32746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 		Gregory F. Bonner/President 2-18-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	



1st MOORE CR2E034 (10/04)