

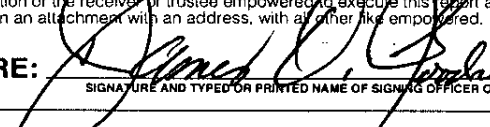


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2004 8:00 am
Secretary of State

03-30-2004 90005 043 ***150.00

| | | | | | |
|---|---|---|---|---|--|
| DOCUMENT # P00000098743 1. Entity Name GOODWIN ROOFING COMPANY, INC. | | | |  | |
| Principal Place of Business 1203 COMMERCIAL PARK DR. TALLAHASSEE, FL 32302 | | | Mailing Address 1203 COMMERCIAL PARK DR. TALLAHASSEE, FL 32302 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | 44022458  | |
| City & State | | City & State | | 03262004 Chg-P CR2E034 (10/03) | |
| Zip | | Country | | 4. FEI Number 59-3678813 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent GLOVER, RICHARD A 2975 CENTERVILLE RD- TALLAHASSEE, FL 32308 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1809 Miccosukee Commons Dr. Suite 108 City Tallahassee FL Zip Code 32308 | | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | | 9. Election Campaign Financing <input 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 | P GOODWIN, JAMES O 1203 COMMERCIAL PARK DR TALLAHASSEE, FL 32302 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P, S, T, D Goodwin, James O. 1203 Commercial Park Drive Tallahassee, FL 32302 |
| <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V GOODWIN, JAMES M 1203 COMMERCIAL PARK DRIVE TALLAHASSEE, FL 32302 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP Goodwin, John A. 1203 Commercial Park Drive Tallahassee, FL 32302 |
| <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V GOODWIN, JOHN A 1203 COMMERCIAL PARK DRIVE TALLAHASSEE, FL 32302 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP Goodwin, John A. 1203 Commercial Park Drive Tallahassee, FL 32302 |
| <input type="checkbox"/> Change | <input type="checkbox"/> Addition | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST GOODWIN, BARBARA 1203 COMMERCIAL PARK DRIVE TALLAHASSEE, FL 32302 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP Goodwin, John A. 1203 Commercial Park Drive Tallahassee, FL 32302 |
| <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V GOODWIN, JAMES M 1203 COMMERCIAL PARK DRIVE TALLAHASSEE, FL 32302 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP Goodwin, John A. 1203 Commercial Park Drive Tallahassee, FL 32302 |
| <input type="checkbox"/> Change | <input type="checkbox"/> Addition | | | | |
| 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:  James O. Goodwin Date 3-29-04 Daytime Phone # 850-531-2573 | | | | | |