

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000102209 1. Entity Name DAN ROUSH RESIDENTIAL CONTRACTOR, INC.						FILED 05 OCT 10 PM 1:19 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 5051 AVERY RD NEW PORT RICHEY, FL 34652				Mailing Address 5051 AVERY RD NEW PORT RICHEY, FL 34652			
2. Principal Place of Business Suite, Apt. #, etc. 1		3. Mailing Address Suite, Apt. #, etc. 1					
City & State FL		City & State FL		4. FEI Number 59-3687115		Applied For <input type="checkbox"/> Not Applicable	
Zip 34652		Country USA		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROUSH, DANIEL R 7211 ROCKWOOD DR PORT RICHEY, FL 34668				7. Name and Address of New Registered Agent Name DANIEL R ROUSH Street Address (P.O. Box Number is Not Acceptable) 5051 AVERY RD NEW PORT RICHEY, FL 34652 City FL Zip Code 34652			
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 <u><i>Daniel R. Roush</i></u> DATE <u>10-5-05</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>							
FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice...			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE DPST <input type="checkbox"/> Delete NAME ROUSH, DANIEL R STREET ADDRESS 7211 ROCKWOOD DR CITY-ST-ZIP PORT RICHEY, FL 34668				TITLE DPST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Roush Daniel R STREET ADDRESS 5051 Avery Rd CITY-ST-ZIP new Port Richey, FL 34652			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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: <u><i>Daniel R. Roush</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				10-5-05 <small>Date</small>		727-505-3966 <small>Daytime Phone #</small>	