

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90246 025 ***150.00

DOCUMENT # P00000105442

1. Entity Name
ALWAYS ROOFING, INC.



Principal Place of Business
**4159 WILKINSON DR.
LAKE WORTH, FL 33461**

Mailing Address
**4159 WILKINSON DR.
LAKE WORTH, FL 33461**

20044417



03052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1066193	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SOLOMON, LORRAINE
4159 WILKINSON DRIVE
LAKE WORTH, FL 33461**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of obtaining 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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SOLOMON, MIKE C
STREET ADDRESS	4159 WILKINSON DR
CITY-ST-ZIP	LAKE WORTH, FL 33461
TITLE	V
NAME	SMALLMAN, ERNEST J
STREET ADDRESS	623 S ROAD
CITY-ST-ZIP	BOYNTON BEACH, FL 33435
TITLE	S
NAME	SOLOMON, LORRAINE C
STREET ADDRESS	4159 WILKINSON DR
CITY-ST-ZIP	LAKE WORTH, FL 33461
TITLE	T
NAME	KOSCHYK, RUDOLPH
STREET ADDRESS	7 OLD FENCE ROAD
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Mike C. Solomon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/05 561-478-2212

Mike C. Solomon