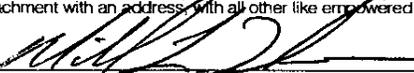


2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90357 047 \*\*\*150.00

|   |                        |  |  |  |                                   |
|---|------------------------|--|--|--|-----------------------------------|
| <b>DOCUMENT # P00000109403</b>  |                        |  |  |         |                                   |
| 1. Entity Name<br>PTL ROOFING, INC  |                        |  |  |  |                                   |
| Principal Place of Business<br>18027 WILLIAMS LOOP<br>LAND O LAKES, FL 34639  |                        |  | Mailing Address<br>18027 WILLIAMS LOOP<br>LAND O LAKES, FL 34639 |  |                                   |
| 2. Principal Place of Business  |                        | 3. Mailing Address   |  |  |                                   |
| Suite, Apt. #, etc.   |                        | Suite, Apt. #, etc.  |  |  |                                   |
| City & State  |                        | City & State   |  | 04132004 Chg-P CR2E034 (10/03)   |                                   |
| Zip   |                        | Country  |  | 4. FEI Number<br>59-3682296  |                                   |
| Zip   |                        | Country  |  | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |                                   |
| 6. Name and Address of Current Registered Agent   |                        |  | 7. Name and Address of New Registered Agent                      |  |                                   |
| THOMAS, MICHAEL L<br>18027 WILLIAMS LOOP<br>LAND O LAKES, FL 34639  |                        |  | 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>  |                        |  |  |  |                                   |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2004 Fee will be \$550.00   |                        | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |  | \$5.00 May Be Added to Fees  |                                   |
| 10. OFFICERS AND DIRECTORS  |                        |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11            |  |                                   |
| TITLE   | D                      | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME  | THOMAS, MICHAEL L      |  | NAME   |  |                                   |
| STREET ADDRESS  | 18027 WILLIAMS LOOP    |  | STREET ADDRESS   |  |                                   |
| CITY-ST-ZIP   | LAND O LAKES, FL 34639 |  | CITY-ST-ZIP  |  |                                   |
| TITLE   | V                      | <input checked="" type="checkbox"/> Delete                                       | TITLE  | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME  | CALTON, DANIEL R       |  | NAME   |  |                                   |
| STREET ADDRESS  | 18220 ST RD 52         |  | STREET ADDRESS   |  |                                   |
| CITY-ST-ZIP   | LAND O LAKES, FL 34639 |  | CITY-ST-ZIP  |  |                                   |
| TITLE   | TSP                    | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME  | THOMAS, STEPHANIE D    |  | NAME   |  |                                   |
| STREET ADDRESS  | 18027 WILLIAMS LOOP    |  | STREET ADDRESS   |  |                                   |
| CITY-ST-ZIP   | LAND O LAKES, FL 34639 |  | CITY-ST-ZIP  |  |                                   |
| TITLE   |                        | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME  |                        |  | NAME   |  |                                   |
| STREET ADDRESS  |                        |  | STREET ADDRESS   |  |                                   |
| CITY-ST-ZIP   |                        |  | CITY-ST-ZIP  |  |                                   |
| TITLE   |                        | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME  |                        |  | NAME   |  |                                   |
| STREET ADDRESS  |                        |  | STREET ADDRESS   |  |                                   |
| CITY-ST-ZIP   |                        |  | CITY-ST-ZIP  |  |                                   |
| TITLE   |                        | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME  |                        |  | NAME   |  |                                   |
| STREET ADDRESS  |                        |  | STREET ADDRESS   |  |                                   |
| CITY-ST-ZIP   |                        |  | 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:   |                        | Michael L. Thomas  |  | 4-20-04 813-376-8240   |                                   |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |                        | <small>Date</small>  |  | <small>Daytime Phone #</small>   |                                   |

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