
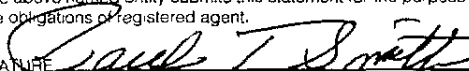
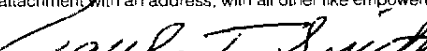


FILED
Jun 04, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000113047 1. Entity Name PAUL T. SMITH ROOFING, INC.			
Principal Place of Business 481 AVOCADO AVE SEBASTIAN, FL 32958		Mailing Address 481 AVOCADO AVE SEBASTIAN, FL 32958	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #. etc		Suite, Apt. #. etc	
City & State		City & State	
Zip	Country	Zip	Country
		03262003 Chg-P CR2E034 (10/03)	
		4. FEI Number 59-3686381	
		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		7. Name and Address of New Registered Agent	
SMITH, PAUL T 481 AVOCADO AVE SEBASTIAN, FL 32958		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  (NOTE: Registered Agent signature required when reappointing) DATE			
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		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 NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
PD SMITH, PAUL T 481 AVOCADO AVE SEBASTIAN, FL 32958 <input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
VTSD SMITH, VICKI L 481 AVOCADO AVE SEBASTIAN, FL 32958 <input type="checkbox"/> Delete		U000000162140 <input type="checkbox"/> Change <input type="checkbox"/> Addition 06/04/04-80003-004 150.00	
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	
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	
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	
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	
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: 		6-2-04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	