2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000002989

1. Entity Name
ELLENTON ROOF & ALUMINUM, INC.

Principal Place of Business	Mailing Address
10015 OLD TAMPA RD PARRISH, FL 34219	10015 OLD TAMPA RD PARRISH, FL 34219

01142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1071715
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DESLAURIERS, DAVID R
10015 OLD TAMPA RD
PARRISH, FL 34219

DO NOT WRITE IN THIS SPACE

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 _____
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	DP
NAME	DESLAURIERS, DAVID R
STREET ADDRESS	10015 OLD TAMPA RD
CITY ST ZIP	PARRISH, FL 34219
TITLE	1VP
NAME	DESLAURIERS, DOUGLAS
STREET ADDRESS	5431 4TH ST CT E
CITY ST ZIP	BRADENTON, FL 34203
TITLE	2VP
NAME	DESLAURIERS, PHILIP
STREET ADDRESS	2813 104TH AVE E
CITY ST ZIP	PARRISH, FL 34219
TITLE	ST
NAME	DESLAURIERS, JEAN
STREET ADDRESS	10015 OLD TAMPA RD
CITY ST ZIP	PARRISH, FL 34219
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

U00000212391
02/03/05-80028-007 150.00

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: David R. Deslauriers David R. Deslauriers 1/31/05 941-776-2366
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #