



2005 FOR PROFIT CORPORATION ANNUAL REPORT

2 Robert MAY 02 2005

FILED
05 APR 29 PM 12:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000007852					
1. Entity Name PINNACLE ROOFING, INC.					
Principal Place of Business 105 NE HUGHES STREET FT. WALTON BEACH, FL 32548			Mailing Address 105 NE HUGHES STREET FT. WALTON BEACH, FL 32548		
2. Principal Place of Business 999 N. Main Street		3. Mailing Address 999 N. Main Street			
Suite, Apt. #, etc. Suite 202		Suite, Apt. #, etc. Suite 202			
City & State Glen Ellyn, Illinois		City & State Glen Ellyn, Illinois			
Zip 60137		Country USA		04272005 Chg-P CR2E034 (10/03)	
4. FEI Number 59-3702689		Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent	
C T CORPORATION SYSTEM 1200 S PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent	
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.				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>				DATE _____	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing <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	PVTS YANCEY, DEAN 2036 SEA HAWK CIRCLE PONTE VEDRA BEACH,, FL 32082		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Treasurer/Director Terry Kiefer 999 N. Main Street, Suite 202 Glen Ellyn, Illinois 60137	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Mark V. Noffke 999 N. Main Street, Suite 202 Glen Ellyn, Illinois 60137	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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: <i>Mark V. Noffke</i>			Mark V. Noffke Secretary		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 4/28/05 (630) 469-7663		