


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90308 028 \*\*\*150.00

<b>DOCUMENT # P01000020206</b> 1. Entity Name <b>FIRST ALLSTAR ROOFING, INC.</b>			
Principal Place of Business <b>7355 RICHARDSON ROAD</b> <b>SARASOTA, FL 34240</b>		Mailing Address <b>7355 RICHARDSON ROAD</b> <b>SARASOTA, FL 34240</b>	
2. Principal Place of Business <b>1300 Thicket Lane</b> Suite, Apt. #, etc.		3. Mailing Address <b>1300 Thicket Lane</b> Suite, Apt. #, etc.	
City & State <b>Sarasota FL</b> Zip Country <b>34240 Sarasota</b>		City & State <b>Sarasota FL</b> Zip Country <b>34240 Sarasota</b>	
4. FEI Number <b>65-1081249</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>WALKER, ADRON H</b> <b>C/O BARNES WALKER, CHARTERED</b> <b>3119 MANATEE AVENUE WEST</b> <b>BRADENTON, FL 34205</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>MGR</b> NAME <b>TOPE, EDWIN G</b> STREET ADDRESS <b>7355 RICHARDSON RD</b> CITY - ST - ZIP <b>SARASOTA, FL 34240</b>	<input type="checkbox"/> Delete	TITLE <b>1300 Thicket Lane</b> NAME <b>1300 Thicket Lane</b> STREET ADDRESS <b>1300 Thicket Lane</b> CITY - ST - ZIP <b>1300 Thicket Lane</b>	<input checked="" 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
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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.			
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>4/25/04</b> (941) 371-2059 <small>Daytime Phone #</small>	