## 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# P01000021863

Entity Name: FOX ROOFING, INC.

City-St-Zip:

SARASOTA, FL 34231

FILED Oct 27, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 3349 WILLIAMSBURG ST. SARASOTA, FL 34231 **Current Mailing Address: New Mailing Address:** 3349 WILLIAMSBURG ST. SARASOTA, FL 34231 FEI Number: 65-1082740 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of New Registered Agent: Name and Address of Current Registered Agent: FINANCIAL FOUNDATIONS, INC. FOX, KATHRYN 3150 SANDY RIDGE DRIVE 3349 WILLIAMSBURG STREET CLEARWATER, FL 33761 US SARASOTA, FL 34231 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. SIGNATURE: KATHRYN FOX 10/27/2005 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition FOX, IAN J Name: Name: 3349 WILLIAMSBURG ST. Address: Address: City-St-Zip: SARASOTA, FL 34231 City-St-Zip: Title: Title: () Delete (X) Change ( ) Addition Name: BILLMAN, JOHN D Name: FOX. KATHRYN 3349 WILLIAMSBURG ST. 3349 WILLIAMSBURG ST. Address: Address: SARASOTA, FL 34231 SARASOTA, FL 34231 City-St-Zip: City-St-Zip: Title: Title: ( ) Delete () Change () Addition FOX, ADAM C Name: Name: 3349 WILLIAMSBURG ST Address: Address: City-St-Zip: SARASOTA, FL 34231 City-St-Zip: Title: (X) Delete Title: () Change () Addition KATHRYN, FOX Name: Name: 3349 WILLIAMSBURG ST Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

Ρ SIGNATURE: IAN J FOX 10/27/2005