


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 26, 2004 8:00 am**  
**Secretary of State**

08-26-2004 90001 034 \*\*\*150.00

<b>DOCUMENT #</b> P01000037080	
<b>1. Entity Name</b> J. PRO ROOFING, INC.	

<b>Principal Place of Business</b> 854 OSPREY LANE FT PIERCE FL 34949	<b>Mailing Address</b> 854 OSPREY LANE FT PIERCE FL 34949
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<b>2. Principal Place of Business</b> 1902 ST Lucie CT Suite, Apt. #, etc. APT C City & State FT Pierce FL Zip 34949 Country ST Lucie	<b>3. Mailing Address</b> 1902 ST Lucie CT Suite, Apt. #, etc. APT C City & State FT Pierce, FL Zip 34949 Country ST Lucie
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MOORE CR2E034 (4/04)

<b>4. FEI Number</b> 65-1091562	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> PROCTOR, JAMES M 854 OSPREY LANE FT PIERCE FL 34949	
<b>7. Name and Address of New Registered Agent</b> Name: James M Proctor Street Address (P.O. Box Number is Not Acceptable): 1902 ST Lucie CT City: FT Pierce FL Zip Code: 34949	

**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 reinstating) **DATE** \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$550.00</b> <b>DUE BY September 8, 2004</b> <b>Make Check Payable to Florida Department of State.</b>	S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PROCTOR, JAMES M 854 OSPREY LANE FT PIERCE FL 34949 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D James M Proctor 1902 ST Lucie CT FT Pierce FL 34949 <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
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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:** James M Proctor James M Proctor 8-20-04 772 7081633  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #