


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000037080 1. Entity Name J. PRO ROOFING, INC.	
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Principal Place of Business 1902 ST LUCIE CT APT C FT PIERCE, FL 34949	Mailing Address 1902 ST LUCIE CT APT C FT PIERCE, FL 34949
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07252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1091562	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**PROCTOR, JAMES M
1902 ST LUCIE CT
FT PIERCE, FL 34949**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PROCTOR, JAMES M 1902 ST LUCIE CT FORT PIERCE, FL 34949
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARDY, JOSEPH 2141 86TH COURT VERO BEACH, FL 32966
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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07/28/05-80002-014 150.00

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **7-25-05** (772)
Daytime Phone # **359-0184**