

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000037319

Entity Name: ROOF SERVICES, INC.

FILED
Jan 17, 2004
Secretary of State

Current Principal Place of Business:

209 NW 12TH AVE.
POMPANO BEACH, FL 33069 US

New Principal Place of Business:

Current Mailing Address:

209 NW 12TH AVE.
POMPANO BEACH, FL 33069 US

New Mailing Address:

FEI Number: 65-1092041

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEAVER, DAVID E IV
145 NORTH MAGNOLIA AVENUE
ORLANDO, FL US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WALLICK, GREGG
Address: 11901 S. W. 3RD STREET
City-St-Zip: PLANTATION, FL 33325

Title: VPST () Delete
Name: BLACKARSKI, RICHARD
Address: 6221 WIND CHIME PL
City-St-Zip: BOYNTON BEACH, FL 33437

Title: AS () Delete
Name: APPLEBLATT, MICHELE
Address: 5789 NW 48 DRIVE
City-St-Zip: CORAL SPRINGS, FL 33067

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TRES (X) Change () Addition
Name: KNOX, KENT
Address: 11115 NW 18TH COURT
City-St-Zip: CORAL SPRINGS, FL 33071

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: GREGG WALLICK

PD

01/17/2004

Electronic Signature of Signing Officer or Director

Date