

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P01000043292



1. Entity Name  
ROOF CONCEPTS, INC.

Principal Place of Business  
1203 SW BILTMORE ST.  
PORT SAINT LUCIE, FL 34983

Mailing Address  
1203 SW BILTMORE ST.  
PORT SAINT LUCIE, FL 34983

2. Principal Place of Business  
2121 SW Conant Ave  
Suite, Apt. #, etc.  
Unit B

3. Mailing Address  
2121 SW Conant Ave  
Suite, Apt. #, etc.  
Unit B

City & State  
Port St. Lucie FL

City & State  
Port St Lucie, FL

Zip 34953 Country USA

Zip 34953 Country USA

6. Name and Address of Current Registered Agent

PERLA, ANTHONY  
825 SW AMETHIST TERRACE  
PORT ST LUCIE, FL 34953

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL 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:

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  Delete  
NAME PERLA, ANTHONY  
STREET ADDRESS 825 SW AMETHIST TERRACE  
CITY-ST-ZIP PORT ST LUCIE, FL 34953

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S  Delete  
NAME PERLA, GERALDINE E  
STREET ADDRESS 825 SW AMETHIST TER.  
CITY-ST-ZIP PORT SAINT LUCIE, FL 34953

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP  Delete  
NAME BERQUIST, ROBERT  
STREET ADDRESS 159 SW ULMAN DR.  
CITY-ST-ZIP PORT SAINT LUCIE, FL 34983

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:** *Perla E. Perla*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-1904 7723443717  
Date Daytime Phone #

**FILED  
Jul 22, 2004 8:00 am  
Secretary of State**

07-22-2004 90008 016 \*\*\*150.00

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07142004 Chg-P CR2E034 (10/03)