

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2005 8:00 am**  
**Secretary of State**

02-14-2005 90075 009 \*\*\*150.00

DOCUMENT # P01000043292

1. Entity Name  
ROOF CONCEPTS, INC.



Principal Place of Business

2121 SW CONANT AVE  
UNIT B  
PORT SAINT LUCIE, FL 34953

Mailing Address

2121 SW CONANT AVE  
UNIT B  
PORT SAINT LUCIE, FL 34953

50015242



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

02012005

Chg-P

CR2E034 (10/03)

4. FEI Number

65-1099823

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

197 SW Dalton Cir

7. Name and Address of New Registered Agent

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**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Address Chng ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 197 SW Dalton Cir  
CITY-ST-ZIP Port St Lucie FL 34953

TITLE Address Chng ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 197 SW Dalton Cir  
CITY-ST-ZIP Port St Lucie FL 34953

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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:

*Geraldine E Perla*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Geraldine E Perla 2-3-05  
Date

Daytime Phone #

772 344  
3717