## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED DOCUMENT # P01000081174** Mar 11, 2004 08:00 AM Secretary of State 1. Entity Name FUTCH ROOFING, INC. Principal Place of Business Mailing Address 13060 NE 251ST TERRACE 13060 NE 251ST TERRACE SALT SPRINGS, FL 32134 SALT SPRINGS, FL 32134 No Chg-P CR2E034 (10/03) 03022004 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 91-2170500 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FUTCH, WALTER R DO NOT WRITE **13060 NE 251ST TERRACE** SALT SPRINGS, FL 32134 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. DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 #00000085167 Trust Fund Contribution. Added to Fees U3/11/04-80037-002 150.00 OFFICERS AND DIRECTORS 10. TITLE FUTCH, WALTER R NAME STREET ADDRESS **13060 NE 251ST TERRACE** C01Y+ST-73P SALT SPRINGS, FL 32134 TELE NAME STREET ADDRESS CRTY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY ST 7IP

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 cath; 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 the empowered.

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

tabler KFirch

Daytime Phone #