FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # PO100008157

1. Entity Name
IGC Roofing. Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
417 Magnolia Street
Suite, Apt. #, etc.

3. Mailing Address
417 Magnolia Street
Suite, Apt. #. etc.

REINSTATEMENT 03

DO NOT WRITE IN THIS SPACE

City & State	City & State		
Altamonte Springs, FL	Altamonte Springs, FL	**4. FEI Number** 59-3740964	Applied For / Not Applicable
Zip 32701	Country USA	Zip 32701	Country USA	**5. Certificate of Status Desired** X	$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

DO-NOT WRITE
IN THIS SPACE

Name
Isaac M Garvin
Street Address (P.O. Box Number is Not Acceptable)
417 Magnolia Street
City
Altamonte Springs
FL Zip Code 32701

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 Isaac Garvin, President
Signature, typed or printed name of registered agent and title if applicable.
(NOTE: Registered Agent signature required when reinstating)
DATE 10/29/03

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	TITLE	500024449615
NAME	Isaac M Garvin	NAME	11/05/03--01047--005 **620.00
STREET ADDRESS	417 Magnolia Street	STREET ADDRESS	
CITY-ST-ZIP	Altamonte Springs, FL 32701	CITY-ST-ZIP	
TITLE	VICE PRESIDENT	TITLE	
NAME	Gerald D. Garvin	NAME	
STREET ADDRESS	417 Magnolia Street	STREET ADDRESS	
CITY-ST-ZIP	Altamonte Springs, Fl 32701	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Gerald D. Garvin _____ 10/29/03 4022652700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #