2004 FOR PROFIT CORPORATION ANNUAL REPORT

Jul 21, 2004 8:00 am Secretary of State DOCUMENT # P01000091283 07-21-2004 90024 005 ***150.00 ALL AMERICAN ROOFING OF THE TREASURE COAST. INC. Principal Place of Business Mailing Address 3091 SE WAGLER ST 3501 SW CORPORATE PARKWAY STUART, FL 34997 PALM WAY, FL 34990 2. Principal Place of Business 3. Mailing Address 3006 SE WAALER ST. 35015W CORPORATE. Suite, Apt. #, etc. Suite, Apt. #, etc. 07062004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For PALM 65-1140176 らナレタペナ Not Applicable \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Rogistered Agent: 7._Name and Address of New Registered Agent MCINTYRE, WILLIAM C 3091 SE WAGLER ST STUART, FL 34997 300 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. META SIGNATURE. FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Due by September 8, 2004 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11 TITLE Delete TITLE ☐ Change ☐ Addition VASQUEZ: JESUS JR NAME NAME STREET ADDRESS 989 SW HUNT CLUB CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM WAY, FL 34990 ☐ Change ☐ Addition TITLE Delete TITI F HIGGINS, CHRISTOPHER A NAME NAME STREET ADDRESS 5636 SE MATOUSEK ST STREET ADDRESS CITY - ST - ZIP STUART, FL 34997 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change _ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP -TITLE ☐ Delete → NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Is fling loss not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information the and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director eres to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if all other like empowered. 12. I hereby certify that the information supplied with indicated on this report or supplemental report is of the corporation or changed, or on an a the receiver or trustee SIGNATURE

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