## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000091387

Name:

Address:

City-St-Zip:

5308 SOUTHWICK DR.

TAMPA, FL 33624

Entity Name: DOCKSIDE ROOFING, INC.

FILED Jan 27, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 8812 VENTURE COVE 8812 VENTURE COVE **TAMPA, FL 33637** SUITE B TAMPA, FL 33637 **Current Mailing Address: New Mailing Address:** 8812 VENTURE COVE 8812 VENTURE COVE SUITE B TAMPA, FL 33637 TAMPA, FL 33637 FEI Number: 59-3746020 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MATTULL, DEBRA A 2727 DURANT TRAILS BLVD DOVER, FL 33527 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition MATTULL, ROBERT W Name: Name: 2727 DURANT TRAILS BLVD Address: Address: City-St-Zip: **DOVER, FL 33527** City-St-Zip: Title: VD Title: () Delete (X) Change ( ) Addition Name: MATTULL, WILLIAM B Name: MATTULL, WILLIAM B 5308 SOUTHWICK DR. 19927 DOLORES ANN CT Address: Address: TAMPA, FL 33624 LUTZ, FL 33549 City-St-Zip: City-St-Zip: Title: Title: SD ( ) Delete () Change () Addition MATTULL, DEBRA A Name: Name: 2727 DURANT TRAILS BLVD Address: Address: City-St-Zip: DOVER, FL 33527 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition MATTRULL, SANDRA A MATTRULL, SANDRA A

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

19927 DOLORES ANN CT

LUTZ, FL 33549

SIGNATURE: DEBRA A MATTULL SD 01/27/2005