2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004
Secretary of State

DOCUMENT# P01000103707

Entity Name: ROOFMASTERS, INC.

Current Principal Place of Business:

128 BOLL GREEN DR
INTERLACHEN, FL 32148

New Principal Place of Business:

152 WHISPERING PINES TRL.
INTERLACHEN, FL 32148

Current Mailing Address:

128 BOLL GREEN DR
INTERLACHEN, FL 32148

New Mailing Address:

P.O. BOX 2050
INTERLACHEN, FL 32148

FEI Number: 59-3752632 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CROSBY, MELANI G
128 BOLL GREEN DR
INTERLACHEN, FL 32148

Name and Address of New Registered Agent:

CROSBY, MELANI G
P.O. BOX 2050
INTERLACHEN, FL 32148

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: _____ 04/19/2004
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: CROSBY, JAMES A
Address: 128 BOLL GREEN DR
City-St-Zip: INTERLACHEN, FL 32148

Title: D ( ) Delete
Name: CROSBY, MELANI G
Address: 128 BOLL GREEN DR
City-St-Zip: INTERLACHEN, FL 32148

Title: D ( ) Delete
Name: SMITH, THOMAS A
Address: P.O. BOX 453
City-St-Zip: SPARR, FL 32691

Title: C ( ) Delete
Name: WILLS, WILL
Address: P.O. BOX 202
City-St-Zip: LAKE GENEVA, FL 32160

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: CROSBY, JAMES A
Address: P.O. BOX 2050
City-St-Zip: INTERLACHEN, FL 32148

Title: D (X) Change ( ) Addition
Name: CROSBY, MELANI G
Address: P.O. BOX 2050
City-St-Zip: INTERLACHEN, FL 32148

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: JAMES A CROSBY DP 04/19/2004
Electronic Signature of Signing Officer or Director — Date