

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 17, 2004 8:00 am
Secretary of State

05-17-2004 90014 042 ***150.00

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1. Entity Name
GREG WOOD ROOFING, INC.

Principal Place of Business Mailing Address
295 35 STREET NW 295 35 STREET NW
WINTER HAVEN FL 33880 WINTER HAVEN FL 33880

2. Principal Place of Business 3. Mailing Address
295 35 STREET NW SAMP
 Suite, Apt. #, etc. Suite, Apt. #, etc.



MOORE CR2E034 (11/03)

City & State Zip Country City & State Zip Country
Winter Haven 33880 FL
Winter Haven 33880 FL

4. FEI Number **59-2363853** Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
WOOD, GREG
295 35 STREET NW
WINTER HAVEN FL 33880

7. Name and Address of New Registered Agent
 Name **Greg Wood**
 Street Address (P.O. Box Number is Not Acceptable)
295 35 ST NW
Winter HAVEN FLA
 City **FL** Zip Code **33880**

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 **GREG WOOD** DATE **5/10/04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D President WOOD, GREG 295 35 STREET NW WINTER HAVEN FL 33880	TITLE NAME STREET ADDRESS CITY-ST-ZIP	vice president Derek Hines 111 1/2 APT B Ave A SW Winter Haven FL 33880
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT Derek Hines 111 1/2 APT B S.W. Winter Haven	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY Charles Sorath 330 8TH ST NE WINTER HAVEN FL 33880
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Greg Wood** DATE **5/10/04** DAYTIME PHONE # **886-293 4174**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR