

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000122298

1. Entity Name
EMBICK ROOFING, INC.



**FILED
Mar 21, 2005 08:00 AM
Secretary of State**

Principal Place of Business
4420 PETERS ROAD
PLANTATION, FL 33317

Mailing Address
4420 PETERS ROAD
PLANTATION, FL 33317



DO NOT WRITE IN THIS SPACE

02172005 No Chg-P CR2E034 (10/03)

| | |
|----------------------------------|---|
| 4. FEI Number 02-0691047 | Applied For Not Applicable |
| 5. Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

STROOP, WILLIAM T
644 SE 4TH AVENUE
FT. LAUDERDALE, FL 33301

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME EMBICK, SCOTT
STREET ADDRESS 4420 PETERS ROAD
CITY-ST-ZIP PLANTATION, FL 33317

1000001271458
03/21/05-60047-020 150.00

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/05 954-791-2574

Date

Daytime Phone #