


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 10, 2005 8:00 am**  
**Secretary of State**

01-10-2005 90044 018 \*\*\*150.00

<b>DOCUMENT # P02000006224</b>					
<b>1. Entity Name</b> ROBERT BINNS ROOFING, INC.					
<b>Principal Place of Business</b> 140 LAKEVIEW DR. AUBURNDALE, FL 33823			<b>Mailing Address</b> 140 LAKEVIEW DR. AUBURNDALE, FL 33823		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 43-1951384	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  BINNS, MELISSA A 3010 HELMS DR. AUBURNDALE, FL 33823			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 140 Lakeview Dr. Auburndale, Fl. 33823 City <b>FL</b> Zip Code		
<b>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.</b> SIGNATURE <u>Melissa Binns</u> <span style="float: right;">1/7/05</span> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BINNS, ROBERT W PRES 3010 HELMS DR. AUBURNDALE, FL 33823	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	140 Lakeview Dr. Auburndale, FL 33823	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BINNS, MELISSA A SEC 3010 HELMS DR. AUBURNDALE, FL 33823	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	140 LAKEVIEW Dr. Auburndale, FL 33823	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BINNS, ROBERT W PRES 3010 HELMS DR. AUBURNDALE, FL 3383	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	140 LAKEVIEW Dr. Auburndale, FL 33823	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BINNS, ROBERT W 3010 HELMS DR. AUBURNDALE, FL 33823	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	140 Lakeview Dr. Auburndale, FL 33823	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BINNS, MELISSA A TRESURE 3010 HELMS DR. AUBURNDALE, FL 33823	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	140 Lakeview Dr. Auburndale, FL 33823	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>					
<b>SIGNATURE:</b> <u>Melissa Binns</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1/7/05 863-967-1382 <small>Date Daytime Phone #</small>		