2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 26, 2005 8:00 am Secretary of State DOCUMENT # P02000016386 1. Entity Name 01-26-2005 90010 018 ***150.00 WOODINGTON & WINEBARGER ROOFING CONSTRUCTION, INC. Principal Place of Business Mailing Address 381 HIBISCUS AVE 381 HIBISCUS AVE 40006757 MERRITT ISLAND FL 32953 MERRITT ISLAND FL 32953 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 01-0596942 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WOODINGTON, DONALD A Street Address (P.O. Box Number is Not Acceptable) 508 S. PLUMOSA STREET SUITE B **MERRITT ISLAND FL 32952** City Zip Code 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 esiden SIGNATURE ne of registered agent and title if applicable (NQTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. President Delete TITLE TITLE ☐ Change Addition WOODINGTON, DONALD A NAME STREET ADDRESS 165 BRANDY LANE STREET ADDRESS CITY-ST-ZIP MERRITT ISLAND FL 32952 CITY-ST-ZIP TITLE TITLE Change ☐ Addition Delete SHAFER, HULEN W NAME NAME 521 KENWOOD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MERRITT ISLAND FL 32952 CITY-ST-7IP TITLE ST ☐ Delete TITLE Sec / Tresurer Change Addition NAME COOK, SANDRA S NAME STREET ADDRESS 488 FALMOUTH AVE STREET ADDRESS CITY-ST-ZIP MERRITT ISLAND FL 32952 CITY-ST-ZIP TITLE Change ☐ Delete TITLE ☐ Addition HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 addirect.

FILED