2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Mar 08, 2004 8:00 am Secretary of State DOCUMENT # P02000071724 1. Entity Name 03-08-2004 90042 047 ***150.00 P.W. YODER ROOFING INC. Principal Place of Business Mailing Address 5609 BAHIA VISTA STREET 5609 BAHIA VISTA STREET CUCULUEA SARASOTA FL 34232 SARASOTA FL 34232 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State Applied For 4. FEI Number 45-0482388 Not Applicable Zip Country 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 Street Address (P.O. Box Number is Not Acceptable) 5609 BAHIA VISTA STREET SARÁSOTA FL 34232 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. 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 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. ☐ Change ■ Addition TITLE Delete TITI F YODER, PAUL NAME NAME STREET ADDRESS 5609 BAHIA VISTA STREET STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34232 CITY-ST-ZIP VΡ ☐ Delete ☐ Change [] Addition TITLE TITLE BYLER, GLEN NAME NAME STREET ADDRESS 801 LOCKLEAR STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34237 CITY-ST-ZIP TITLE VΡ Delete TITLE X Change ☐ Addition Stoltzfus, Raymond NAME STOLTZPUS, RAYMOND STREET ADDRES 65.HOULE ---STREET ADDRESS 118-Tatum-Rd-CITY-ST-ZIP 34240 CITY-ST-ZIP SARASOTA FL 34237 Sarasota, FL Addition ☐ Change TITLE ☐ Delete TITL F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITLE ☐ Change Addition 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 suppliemental 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 receive 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

Date

Davtime Phone #

with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment

SIGNATURE: 1

FILED