2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Feb 10, 2005 08:00 AM Secretary of State DOCUMENT # P02000071724 1. Entity Name P.W. YODER ROOFING INC. Principal Place of Business Mailing Address 5609 BAHIA VISTA STREET SARASOTA FL 34232 5609 BAHIA VISTA STREET SARASOTA FL 34232 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4. FEI Number 45-0482388 Not Applicable Ζp Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name YODER, PAUL Street Address (P.O. Box Number is Not Acceptable) 5609 BAHIA VISTA STREET SARASOTA FL 34232 Zip Code FL 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 it applicable (NOTE Régistered Agent signature required when reinstating) DATE 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. 11. TITLE TITLE Change Addition Delete YODER, PAUL NAME NAME U00000223082 02/10/05-80030-009 150.00 STREET ADDRESS STREET ADDRESS 5609 BAHIA VISTA STREET CITY-ST-ZIF SARASOTA FL 34232 CITY-ST-ZIP VΡ ☐ Change TITLE Addition TITLE Delete BYLER, GLEN NAME NAME STREET ADDRESS 801 LOCKLEAR STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34237 CITY-ST-ZIP ☐ Delete ME ☐ Change Addition TITLE NAME STOLTZPUS, RAYMOND STREET ADDRESS STREET ADDRESS 118 TATUM RD CITY-ST-ZIP SARASOTA FL 34240 CITY-ST-ZIP THE Change Addition TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SL-7/P ☐ Change Addition DDFTITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7:P HILE Delete Addition NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

- FILED