

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000091817					
1. Entity Name GMC ROOFING, INC.					
Principal Place of Business 6219 N LOIS AVE TAMPA, FL 33614			Mailing Address PO BOX 157899 TAMPA, FL 33614		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FFI Number 51-0422814			Applied For: ☐ Not Applicable		
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent GARRILLO, MICHELLE S 6219 N LOIS AVE TAMPA, FL 33614			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 filing.)					
FILE NOW! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVS CARRILLO, MICHELLE S 6219 N LOIS AVE TAMPA, FL 33614	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U000000152638 Change 05/04/04-80094-014 158.75	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CARRILLO, MICHELLE S 6219 N LOIS AVE TAMPA, FL 33614	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 817, Florida Statutes, and that my name appears in Block 10 or Block 11 as changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>x Michelle S Carrillo</i> 4/29/04 813-496-0854 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					