


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90116 002 ***158.75

DOCUMENT # P02000114616

1. Entity Name
ROOF-A-CIDE, INC.



Principal Place of Business
**3034 SW WIMBLEDON TERRACE
 PALM CITY, FL 34990 US**

Mailing Address
**3034 SW WIMBLEDON TERRACE
 PALM CITY, FL 34990 US**

50026349



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
2421 SW 127th Ave.
 Suite, Apt. #, etc.

01112005 Chg-P CR2E034 (10/03)

City & State
Davie, Fla.

4. FEI Number **20-0012979** Applied For
APPLIED FOR Not Applicable

City & State
Davie, Fla.

5. Certificate of Status Desired **\$8.75** Additional Fee Required

Zip Country
33325 US

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301**

Name **Frank Miele**
 Street Address (P.O. Box Number is Not Acceptable)
3034 SW Wimbledon TERRACE
 City **Palm City** FL Zip Code **34990**

B. 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 *Frank Miele* DATE **2/18/05**

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 After May 1, 2005 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	D BROWNE, JOHN 3034 SW WIMBLEDON TERRACE PALM CITY, FL 34990 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIELE, FRANK 2421 SW 127TH DAVIE, FL 33325 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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.

SIGNATURE: *Frank Miele* DATE **2/18/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #