2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED Jan 31, 2005 8:00 am Secretary of State

DOCUMENT # P02000123450 1. Entity Name DON FARLOW ROOFING, INC.						01-31-2005 90137 030 ***150.00				
Principal Place of Business Mailing Address										
3800 FARLOW ST #6 3800 FARLOW ST								500	0887	ļ
FT MYERS, FI		FT MYERS, FL 33901					000		•	
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2. Principal Place of Business 3. Malling Address										
3800	Fowler St. #6	3800 Fowler St. #6			t remitmen ilt	walle liën ekili këlil kel	er hälle graes ift	# 81681 BH# 68	ilesi Milesi	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			01252005	Chg-P	CR2E03	34 (10/03)		
City & State	9	City & State				4. FEI Numbe			→	plied For
Zip Country		Zip	Cours	Country		56-230	4703		 	t Applicable
-C-)P	Country		Count			Certificate	of Status Desired	\$8.75 Additional Fee Required		
	6. Name and Address of Current	L			'	7. Name and	Address of New F			·
								>==		
SCHUTT, DARRIN R ESQ.										
1,00 0,0 0 0,00 0,00 0,00						s (P.O. Box Number is Not Acceptable)				
CAPE CO	RAL, FL 33904									
				0"					1	
				City				FL	Zip Code	ė
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 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.								•		
10.	OFFICERS AND	DIRECTORS	ECTORS 11.			ADDITIONS	CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 11
TITLE	D	☐ Delete	TITLE			7.0017101107	0.0.0000.00.0	1021107410	Change	Addition
NAME	FARLOW, DONALD		NAMI	1			, ,		<u></u>	
STREET ADDRESS	3800 FARLOW ST		STRE	ET ADDRESS	380	o Fowler	-Street,#1	б.		
CITY-ST-ZIP	FT MYERS, FL 33901		CITY	-ST-ZIP		•				
TITLE	ST	☐ Delete	TITLE						☐ Change	☐ Addition
NAME	FARLOW, IVA		NAMI	E						
STREET ADDRESS	409 SE 19TH LN.			ET ADDRESS						
CITY-ST-ZIP	CAPE CORAL, FL 33901		СПУ	-ST-ZIP						
TITLE .		☐ Delete	TITLE	I .					Change	☐ Addition
NAME - \$treet-address-	·		NAMI - eter	et:address						
CITY-S1-ZIP	 -			-ST-ZIP						. سبب ب
TITLE	• •	☐ Delete	TITLE					· · · · · · · · · · · · · · · · · · ·	☐ Change	☐ Addition
NAME			NAMI						☐ Change	Addition
STREET ADDRESS				ET ADDRESS						
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NAME		*******	NAM							
STREET ADDRESS			STRE	ET ADDRESS						
CITY-ST-ZIP			CITY	-ST-ZIP						
TITLE		☐ Defete	TITLE						☐ Change	☐ Addition
NAME			NAM							
STREET ADDRESS			1	ET ADDRESS			•			
CITY-S1-ZIP				-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 Justee 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.										