2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR) 🚐

May 14, 2004 8:00 am Secretary of State DOCUMENT # P03000015057 1. Entity Name 04-26-2004 90416 048 ***150.00 HEARTLAND ROOFING, INC. Principal Place of Business A 7 1558 LAKE CRY DR LAKE PLACID FL 33852 Mailing Address 1558 LAKE CRY DR LAKE PLACID FL 33852 66421620 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired 4:... 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NIELANDER, WILLIAM J Street Address (P.O. Box Number is Not Acceptable) 172 E INTERLAKE BLVD -LAKE PLACID FL 32852 Zio 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 IMF Delete TITLE 560. +RES Change D RES. NAME MEISENHEIMER, GERALD J NAME 1558 LAKE CLAY DRIVE 1558 LAKE CDX DR LAKE PLACID FL 33852 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE V-PRES ☐ Delete TITLE ☐ Change ☐ Addition NAME MEISENHEIMER, GERALD J JR NAME 3231 FLATBUSH AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE PLACID FL 33852 CITY+ST-7IP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIBE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delate ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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 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. SELECTION CEPTED J. MESSEN HEIMER SIGNATURE: _ SIGNATURE AND TYPED OR PRINTED HAL

FILED