


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90255 028 ***150.00

DOCUMENT # P03000023063		
1. Entity Name SCOTT'S ROOFING COMPANY, INC.		

Principal Place of Business 5001 MARLIN DR NEW PORT RICHEY, FL 34652	Mailing Address 5001 MARLIN DR NEW PORT RICHEY, FL 34652
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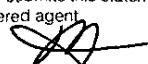
2. Principal Place of Business 4234 Craftsburg Dr	3. Mailing Address 4234 Craftsburg Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State New Port Richey, FL	City & State New Port Richey, FL	4. FEI Number 57-1155023	Applied For <input type="checkbox"/> Not Applicable
Zip 34652	Country USA	Zip 34652	Country USA

01152004 Chg-P CR2E034 (10/03)

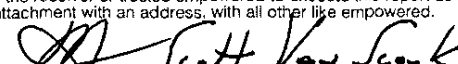
6. Name and Address of Current Registered Agent VAN SCOYK, SCOTT 5001 MARLIN DR. NEW PORT RICHEY, FL 34652	
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7. Name and Address of New Registered Agent Name Scott Van Scoyk Street Address (P.O. Box Number is Not Acceptable) 4234 Craftsburg Dr City New Port Richey FL Zip Code 34652	
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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 	DATE 4-22-04

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VAN SCOYK, SCOTT 5001 MARLIN DR. NEW PORT RICHEY, FL 34652 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Scott Van Scoyk 4234 Craftsburg Dr. New Port Richey, FL 34652 <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
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
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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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

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: 	DATE: 4-22-04 DAYTIME PHONE #: 727-85-8467