

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000034562

1. Entity Name  
COMANCHE ROOFING INC.



Principal Place of Business  
1040 N.W. 125TH STREET  
MIAMI, FL 33168

Mailing Address  
1040 N.W. 125TH STREET  
MIAMI, FL 33168

FILED

05 SEP 16 PM 1:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



07072005 No Chg-P CR2E034 (10/03)

4. FEI Number  
81-0620649

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HUDSON, MICHAEL M  
1040 N.W. 125TH STREET  
MIAMI, FL 33168

DO NOT WRITE  
IN THIS SPACE

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

*Michael M Hudson*

9-5-2005

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  
Due by September 7, 2005

9. Election Campaign Financing  
Trust Fund Contribution.

☒ \$5.00 May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE D  
NAME HUDSON, MICHAEL M  
STREET ADDRESS 1040 N.W. 125TH STREET  
CITY-ST-ZIP MIAMI, FL 33168

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

900059777653  
09/20/05--01032--003 \*\*163.75

DO NOT WRITE  
IN THIS SPACE

*[Signature]*

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:

*Michael M Hudson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-5-2005 (305) 802-8870  
Date Daytime Phone #