2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 25, 2004 8:00 am **Secretary of State** DOCUMENT # P03000053095 1. Entity Name 02-25-2004 90053 036 ***150.00 ATLANTIC ROOFING OF FLORIDA II, INC. Principal Place of Business Mailing Address 7934 PIPER LANE LAKE WORTH FL 33463 7934 PIPER LANE LAKE WORTH FL 33463 2. Principal Place of Business 3. Mailing Address 5315 NW 22nd Avenue Same Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) MOORE City & State City & State 4. FEI Number Applied For Tamarac Florida 13-4251366 Not Applicable Country Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 33309 USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Joseph R Conn CONN, JOSEPH R Street Address (P.O. Box Number is Not Acceptable) **7934 PIPER LANE** LAKE WORTH FL 33463 Cor<u>al Springs</u> 33671 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. Joseph R Conn, President SIGNATURE (NOTE: Registered Agent signature required when reinstating) name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. 10. OFFICERS AND DIRECTORS 11. Change [] Addition TITLE ☐ Delete TITLE P CONN. JOSEPH R NAME NAME Conn, Joseph R 7934 PIPER LANE STREET ADDRESS STREET ADDRESS 11601 NW 13th Manor LAKE WORTH FL 33463 CITY-ST-ZIP CITY-ST-ZIP Coral Springs FL 33071 Change ☐ Delete TiTLE ☐ Addition TITLE MORAKIS, KAREN J NAME Morakis, Karen M NAME 7934 PIPER LANE STREET ADDRESS 7934 Piper Lane STREET ADDRESS LAKE WORTH FL 33463 CITY-ST-ZIP CITY-ST-ZIP <u> Lake Worth FL 33463</u> **Addition** Change Delete TITLE TITLE NAME~ Yanan, John STREET ADDRESS STREET AODRESS 6302 Fourth Street CITY-ST-ZIF CITY-ST-ZIP Green Lane PA 18054 Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of 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 an other like empowered.

Karen J Morakis

ONING OFFICER OR DIRECTOR

SIGNATUR

FILED

954/ 733-0377

Daytime Phone #

02/17/04