


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 24, 2004 8:00 am
Secretary of State

02-24-2004 90017 050 ***150.00

DOCUMENT # P03000057067	
1. Entity Name AVAILABLE ROOFING INC.	

Principal Place of Business 978 F PONDELLA ROAD NORTH FORT MYERS FL 33903 US	Mailing Address 978 F PONDELLA ROAD NORTH FORT MYERS FL 33903 US
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2. Principal Place of Business 1753 SWING AVE Suite, Apt. #, etc.	3. Mailing Address 1753 SWING AVE Suite, Apt. #, etc.
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City & State PORT CHARLOTTE, FLA	City & State PORT CHARLOTTE FL
Zip 33948	Country USA

4. FEI Number 36-4531834	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent TURCOTTE, JOSEPH B 978 F PONDELLA ROAD NORTH FORT MYERS, FL FL 33903	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	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 TURCOTTE, JOSEPH B 978 F PONDELLA ROAD NORTH FORT MYERS FL 33903	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JOSEPH B. TURCOTTE 1753 SWING AVE PORT CHARLOTTE FLA 33948
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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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: **Joseph B. Turcotte** **JOSEPH B. TURCOTTE** 2-17-04 **941-628-2474**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #