

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

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04 MAR 15 PM 3:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000060002
1. Entity Name
 Guaranteed Weatherproof Roofing, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4201 Westgate Avenue, Suite No.A14
3. Mailing Address 2484 Sailfish Cove Drive
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State West Palm Beach, FL **City & State** West Palm Beach, Florida 33461

Zip 33409 **Country** **Zip** **Country**

400030597104
 03/17/04--01015--007 **150.00
 DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2362902 **Applied For**
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name Sally C. Edenfield
Street Address (P.O. Box Number is Not Acceptable) 2484 Sailfish Cove Drive
City West Palm Beach **FL** **Zip Code** 33461

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 *Sally Edenfield* **DATE** 2/15/2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/CEO David C. Edenfield 2484 Sailfish Cove Drive West Palm Beach, Florida 33461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Exe.VP & Chairperson Board of Directors Sally C. Edenfield 2484 Sailfish Cove Drive West Palm Beach, Florida 33461
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *David C. Edenfield* **DATE** 2/13/2004 **(561)721-9848**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #