
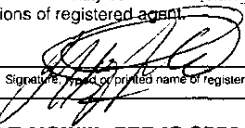
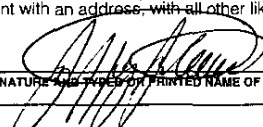


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 07, 2004 8:00 am**  
**Secretary of State**

05-07-2004 90113 032 \*\*\*150.00

<b>DOCUMENT # P03000063555</b>					
<b>1. Entity Name</b> JC SI CERTIFIED ROOFING CONTRACTORS, INC.					
<b>Principal Place of Business</b> 5 MARKET PLACE COURT SUITE #1 PALM COAST, FL 32137 US			<b>Mailing Address</b> 5 MARKET PLACE COURT SUITE #1 PALM COAST, FL 32137 US		
<b>2. Principal Place of Business</b> 102 N. Railroad Rd. Suite, Apt. #, etc.		<b>3. Mailing Address</b> P.O. Box 2000 Suite, Apt. #, etc.			
<b>City &amp; State</b> Bunnell FL		<b>City &amp; State</b> Bunnell, FL		<b>4. FEI Number</b> 11-3673643	
<b>Zip</b> 32110		<b>Country</b> U.S.A.		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> CARRASCO, JEFFREY L 16 LINCOLN LANE PALM COAST, FL 32137			<b>7. Name and Address of New Registered Agent</b> Name: Jeffrey L. Carrasco Street Address (P.O. Box Number is Not Acceptable): 16 Lincoln Lane City: Palm Coast State: FL Zip Code: 32137		
<b>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.</b>					
<b>SIGNATURE:</b> 				(NOTE: Registered Agent signature required when reinstating) DATE: 4-30-04	
<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> P <b>NAME</b> CARRASCO, JEFFREY L <b>STREET ADDRESS</b> 16 LINCOLN LANE <b>CITY-ST-ZIP</b> PALM COAST, FL 32137	<input type="checkbox"/> Delete		<b>TITLE</b> P/D <b>NAME</b> Carrasco, Jeffrey L. <b>STREET ADDRESS</b> 16 Lincoln Lane <b>CITY-ST-ZIP</b> Palm Coast, FL 32137	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VP <b>NAME</b> CARRASCO, PATRICIA A <b>STREET ADDRESS</b> 16 LINCOLN LANE <b>CITY-ST-ZIP</b> PALM COAST, FL 32137	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> VP/D <b>NAME</b> Perez Guillermo E <b>STREET ADDRESS</b> 8505 Valencia Village <b>CITY-ST-ZIP</b> Orlando, FL 32825	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> 			Date: 4-30-04 Daytime Phone #		