## 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## **DOCUMENT # P03000068349** 04 FEB - 5 AM 8: 27 1. Entity Name SONSHINE ROOFING, INC. SECRETARY OF STATE TALLAHASSEE FLORIDA Mailing Address Principal Place of Business 2555 PORTER LAKE DRIVE 2555 PORTER LAKE DRIVE **SUITE 109 SUITE 109** SARASOTA, FL 34240 SARASOTA, FL 34240 2. Principal Place of Business 3. Mailing Address 2555 Porter Lake Drive, Unit 109 2555 Porter Lake Drive, Unit 109 Suite, Apt. #, etc. Suite, Apt. #, etc. 02012004 Chg-P CR2E034 (10/03) City & State City & State Applied For 4. FEI Number Sarasota, Florida Sarasota, Florida 20-0064005 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 34240-7865 34240-7865 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BORNTREGER, AMOS J Street Address (P.O. Box Number is Not Acceptable) 25 HOULE AVENUE S. SARASOTA, FL 34232 Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE D. P. S. T XI Change ☐ Addition NAME BORNTREGER, AMOS J NAME Borntreger, Amos J. STREET ADDRESS 25 HOULE AVENUE S. STREET ADDRESS 25 Houle Avenue CITY-ST-ZIP SARASOTA, FL 34232 CITY-ST-ZIP Sarasota, FL 34232-2362 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change TITLE ☐ Delete TITLE ☐ Addition NAME ... NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 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** January 31, 2004 (941) 377-9933 AME OF SIGNING OFFICER OR DIRECTOR

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