


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000070875 1. Entity Name WILLIAM DOE & SONS ROOFING, INC.	
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Principal Place of Business 3201 NW 5TH STREET FT. LAUDERADLE, FL 33311	Mailing Address 3201 NW 5TH STREET FT. LAUDERADLE, FL 33311
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02222005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-2676075	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DOE, ROBERT 3201 NW 5TH STREET FT. LAUDERADLE, FL 33311	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000243192 02/25/05-80029-010 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD DOE, ROBERT 3201 NW 5TH STREET FT. LAUDERADLE, FL 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD DOE, CARY 3201 NW 5TH STREET FT. LAUDERADLE, FL 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOE, WILLIE 3201 NW 5TH STREET FT. LAUDERADLE, FL 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOWARD, GARY R 3201 NW 5TH STREET FT. LAUDERADLE, FL 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: X 	2/23/05	Daytime Phone # _____
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		