## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

changed, or on an attachm

SIGNATURE:

## Apr 05, 2004 8:00 am Secretary of State DOCUMENT # P03000076900 1. Entity Name 04-05-2004 90479 001 \*\*\*\*\*8.75 A-1 ROOFING ENTERPRISES, INC 04-05-2004 90479 002 \*\*\*150.00 Mailing Address Principal Place of Business 265 WILMERS BLVD 265 WILMERS BLVD 66409843 PUNTA GORDA FL 33982 PUNTA GORDA FL 33982 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) 4. FEI Number 59-224945 Applied For City & State City & State Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name VICK, GEORGE A JR. Street Address (P.O. Box Number is Not Acceptable) 323 OMEN ST PUNTA GORDA FL 33982 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. ☐ Delete TITLE Change ☐ Addition TITLE NAME VICK, GEORGE A JR. NAME 265 WILMERS BLVD STREET ADDRESS STREET ADDRESS PUNTA GORDA FL 33982 CITY-ST-ZIP CITY-ST-7IP ☐ Delete Change Change ☐ Addition TITLE TITLE VICK, JUSTIN B NAME NAME 265 WILMERS BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PUNTA GORDA FL 33982 CITY-ST-ZIP ☐ Addition Delete TETLE Change TITLE NAME NAME -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE 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 eath; 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

ke empowered

FILED

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