

**2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Jun 21, 2005  
Secretary of State**

DOCUMENT# P03000098552

Entity Name: BRIAN M. FADDIS ROOFING INC.

**Current Principal Place of Business:**

2910 CIALELLA PASS.  
ST CLOUD, FL 34772

**New Principal Place of Business:**

**Current Mailing Address:**

2910 CIALELLA PASS.  
ST CLOUD, FL 34772

**New Mailing Address:**

FEI Number: 20-0176583      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FADDIS, BRIAN M  
2910 CIALELLA PASS.  
ST CLOUD, FL 34772      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: FADDIS, BRIAN M  
Address: 2910 CIALELLA PASS.  
City-St-Zip: ST CLOUD, FL 34772

Title: DS ( ) Delete  
Name: BROWN, SCOTT D  
Address: 20 INDIANA AVE  
City-St-Zip: ST CLOUD, FL 34769

Title: DVP ( ) Delete  
Name: DOWLING, ARIC  
Address: 3074 OLD HICKORY TREE RD  
City-St-Zip: ST CLOUD, FL 34772

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DVP (X) Change ( ) Addition  
Name: CHAPPELL, NICHOLAS  
Address: 20 INDIANA  
City-St-Zip: ST CLOUD, FL 34769

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRIAN M. FADDIS

DP

06/21/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date