2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR) --

changed, or on an attachment with a

SIGNATURE

ss, with all other like empowered.

SIGNATURE AND TYPED OF RRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 21, 2004 8:00 am Secretary of State DOCUMENT # P03000105239 1. Entity Name 04-21-2004 90024 038 ***150.00 RYMAN ROOFING, INC. Principal Place of Business Mailing Address 37325 S.R. 54 W. ZEPHYRHILLS FL 33542 US 37325 S.R. 54 W. ZEPHYRHILLS FL 33542 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-1207183 Not Applicable Zip, Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RYMAN, KEVIN L Street Address (P.O. Box Number is Not Acceptable) 37325 S.R. 54 W. ZEPHYRHILLS FL 33542 Zip Code 8. The above paped 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 obligation is of registered agent. SIGNAT of registered agent and title if applicable DATE (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 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Presi Tres **X** Change Addition nyman, Kevin L. 37325 5. R 54 W Zepnyrhills, R 33542 RYMAN, KEVIN L NAME NAME STREET ADDRESS 37325 S.R. 54 W. STREET ADDRESS ZEPHYRHILLS FL 33542 CITY-ST-ZIP CITY-ST-7IE SEC TITLE Delete TITLE Change Addition VICE PRES 1 SEC RYMAN, TAMMY L NAME NAME Kerry Ryman 37325 5. R 54 W STREET ADDRESS 37325 S.R. 54 W. STREET ADDRESS CITY-ST-ZIP ZEPHYRHILLS FL 33542 CITY-ST-ZIP Zephyrhills, R TITLE Delete ☐ Change Addition NAME RYMAN, TAMMY L-NAME STREET ADDRESS 37325 S.R. 54 W. STREET ADDRESS CITY-ST-ZIP ZEPHYRHILLS FL 33542 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Oelete TITLE ☐ Chance Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. Thereby 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

FILED

Date

Daytime Phone #