

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000111509

FILED
Apr 27, 2004
Secretary of State

Entity Name: FIRST CLASS ROOFING OF FLORIDA, INC.

Current Principal Place of Business:

5802 CHERRY RD.
OCALA, FL 34472 US

New Principal Place of Business:

Current Mailing Address:

5802 CHERRY RD.
OCALA, FL 34472 US

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ARMSTRONG, WENDY S
5802 CHERRY RD.
OCALA, FL 34472 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ARMSTRONG, SCOTT W
Address: 11683 NE 14TH ST
City-St-Zip: ANTHONY, FL 32617 US

Title: VP () Delete
Name: ARMSTRONG, FRED C
Address: 8180 SE 15TH COURT
City-St-Zip: OCALA, FL 34480 US

Title: S () Delete
Name: SAPP, TAMMY
Address: 5802 CHERRY RD.
City-St-Zip: OCALA, FL 34472 US

Title: T () Delete
Name: ARMSTRONG, WENDY S
Address: 106 PECAN PASS
City-St-Zip: OCALA, FL 34472 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: SCOTT ARMSTRONG

P

04/27/2004

Electronic Signature of Signing Officer or Director

_____ Date