2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 12, 2004 8:00 am Secretary of State **DOCUMENT # P03000117068** 04-12-2004 90318 019 ***150.00 1. Entity Name ERIC SUTTNER ROOFING CONTRACTOR INC. Principal Place of Business Mailing Address 1211 36TH AVENUE WEST 1211 36TH AVENUE WEST BRADENTON, FL 34205 BRADENTON, FL 34205 2. Principal Place of Business 3. Mailing Address 211 36 71 CTH avenue west Suite, Apt. #, etc. 04072004 CR2E034 (10/03) Cha-P Applied For City & State 4. FEI Number City & State 20-0320227 Not Applicable radenton \$8.75 Additional Country 5. Certificate of Status Desired anate Manatel Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SUTTNER, ERIC. Street Address (P.O. Box Number is Not Acceptable) 1211 36TH AVENUE WEST BRADENTON, FL 34205 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 Signature, typed or printed name of registered agent and title if applicable. (NCTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DPS ☐ Delete TITLE ☐ Change Addition TITLE SUTTNER, ERIC NAME NAME 1211 36TH AVENUE WEST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34205 CITY-ST-ZIP DVPT Change ☐ Addition TITLE ☐ Defete TITLE SUTTNER, JOANN NAME NAME 1211 36TH AVENUE WEST STREET ADDRESS STREET ADDRESS BRADENTON, FL 34205 City-St-Zip CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIRE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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 **SIGNATURE:**

NG OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED IN

FILED