


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90521 048 \*\*\*150.00

<b>DOCUMENT # P03000117799</b>	
1. Entity Name <b>CAPITAL ROOFING &amp; SHEET METAL, INC.</b>	

Principal Place of Business <b>73 MANIZAKS AVENUE PUNTA GORDA, FL 33983</b>	Mailing Address <b>73 MANIZAKS AVENUE PUNTA GORDA, FL 33983</b>
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2. Principal Place of Business <b>2528 ANDALUSIA BLVD.</b>	3. Mailing Address <b>2528 ANDALUSIA BLVD.</b>
Suite, Apt. #, etc. <b>UNIT 6</b>	Suite, Apt. #, etc. <b>UNIT 6</b>
City & State <b>CAPE CORAL, FL</b>	City & State <b>CAPE CORAL, FL</b>
Zip <b>33909</b>	Country <b>USA</b>

**50045553**




04062005 Chg-P CR2E034 (10/03)

4. FEI Number <b>26-0072585</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent <b>JOHN G. PAUL, JR., CPA, P.A. 120 DEL PRADO BLVD. S. SUITE 3 CAPE CORAL, FL 33990-5702</b>	7. Name and Address of New Registered Agent Name <b>MUNROE, DUNCAN W.</b> Street Address (P.O. Box Number is Not Acceptable) <b>2528 ANDALUSIA BLVD.</b> <b>UNIT 6</b> City <b>CAPE CORAL</b> <b>FL</b> Zip Code <b>33909</b>
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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  **DUNCAN W. MUNROE, PRESIDENT** 4/28/05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution, <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST MIRANDA, GORDON 73 MANIZAKS AVENUE PUNTA GORDA, FL 33983 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MIRANDA, GORDON 5432 SERENE LANE ORLANDO, FL 32822 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D P S T MUNROE, DUNCAN W. 73 MANIZAKS AVENUE PUNTA GORDA, FL 33983 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **DUNCAN W. MUNROE, PRES.** 04/28/05 (239) 242-7663  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #