

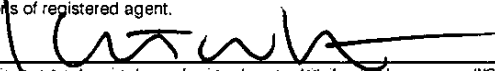
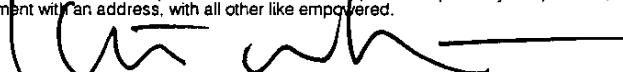


FILED
May 02, 2005 8:00 am
Secretary of State

00046363

DOCUMENT # P03000118248				Secretary of State	
1. Entity Name SEMINOLE ROOFING, INC.		05-02-2005 90537 038 ***150.00			
Principal Place of Business 6202 N. BRANCH AVENUE TAMPA, FL 33604		Mailing Address 1611 WEST PLATT STREET TAMPA, FL 33606		J0046363	
2. Principal Place of Business		3. Mailing Address 502 N. ARMENIA AVE.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04192005 Chg-P CR2E034 (10/03)	
City & State		City & State TAMPA FL		4. FEI Number 20-0325726	
Zip		Zip 33609		Country USA	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KOEHLER, KEITH W 1611 WEST PLATT STREET TAMPA, FL 33606				7. Name and Address of New Registered Agent KEITH W. KOEHLER ---Koehler & Company, P.A. 502 North Armenia Avenue Tampa, FL 33609	
8. The above named entity submits this statement for the purpose of changing its registered office and the obligations of registered agent.				Signature with, and accept	
SIGNATURE: 				DATE: 4/20/05	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEMUS, ANDRES			NAME	
STREET ADDRESS	6202 N. BRANCH AVENUE			STREET ADDRESS	
CITY - ST - ZIP	TAMPA, FL 33604			CITY - ST - ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY - ST - ZIP				CITY - ST - ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY - ST - ZIP				CITY - ST - ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY - ST - ZIP				CITY - ST - ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 				Date: 4/20/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	