2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Mar 29, 2004 8:00 am DOCUMENT # P03000121872 **Secretary of State** 1. Entity Name 03-29-2004 90396 041 ***150.00 BRYTEC ROOFING,INC. Principal Place of Business Mailing Address 7915 LILLWILL AVE. 7915 LILLWILL AVE. SUITE # 6 SUITE # 6 ORLANDO FL 32809 ORLANDO FL 32809 3. Mailing Address 1221 Forester 2. Principal Place of Business Hire. 1221 Forester Suite, Apt. #, etc. Suite, Apt. #, etc MOORE CR2E034 (11/03) City & State Applied For TL Orlawdo Not Applicable \$8.75 Additional Certificate of Status Desired orange Oraubl Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BRYANT, TEDDY L 7915 LILLWILL AVE. SUITE # 6 ORLANDO FL 32809 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 SIĞNATURE ed agent and title if applicable (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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete TITLE Change ☐ Addition TITLE Bryant, Ted L 1221 Forester Ave. BRYANT, TEDDY L NAME NAME 7915 LILLWILL AVE, SUITE # 6 STREET ADDRESS STREET ADDRESS Orlando, FL 32809 ORLANDO FL 32809 CITY-ST-ZIP C/TY-ST-ZIP Etc. Bryout, soudra 2 1221 Forester Ave. FTC Change ☐ Defete TM F Addition TITLE NAME BRYANT, SANDRA L NAME 7915 LILLWILL AVE. SUITE # 6 STREET ADDRESS STREET ADDRESS orlando, FL 32809 ORLANDO FL 32809 CITY-ST-ZIP CITY-ST-ZIP ☐ Detete TITLE Change ____Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition ☐ Delete ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

FILED