# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**DOCUMENT # P03000126708**

**1.** Entity Name

A PLUS ROOFING INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 14252 SORREL STREET<br>BROOKSVILLE FL 34614 | 14252 SORREL STREET<br>BROOKSVILLE FL 34614 |

| **2.** Principal Place of Business | **3.** Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

MOORE          CR2E034 (11/03)

**4.** FEI Number  35-22/8340  ☐ Applied For / ☐ Not Applicable

**5.** Certificate of Status Desired ☐  **$8.75** Additional Fee Required

| **6. Name and Address of Current Registered Agent** | **7. Name and Address of New Registered Agent** |
|---|---|
| FREKEY, EDWARD H<br>6195 FREEPORT DRIVE<br>SPRING HILL FL 34608 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City    FL    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.     (NOTE: Registered Agent signature required when reinstating)     DATE

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2004 Fee will be $550.00**
**Make Check Payable to Florida Department of State**

**9.** Election Campaign Financing Trust Fund Contribution. ☐  **$5.00** May Be Added to Fees

| **10.** OFFICERS AND DIRECTORS | | **11.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|
| TITLE D<br>NAME JOHNSON, CARROLL<br>STREET ADDRESS 14252 SORREL STREET<br>CITY-ST-ZIP BROOKSVILLE FL 34614 | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE VP<br>NAME ROBERT JOHNSON<br>STREET ADDRESS 13466 NEVILLE DR<br>CITY-ST-ZIP BROOKSVILLE FL 34609 | ☐ Change ☒ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
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**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: _Carroll E. Johnson_   Carroll E. Johnson     3-27-04     352-799-6664

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR          Date          Daytime Phone #