


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90092 049 ***158.75

DOCUMENT # P03000131092					
1. Entity Name PARAMOUNT ROOFING, INC.					
Principal Place of Business 843 SW TROUVILLE AVENUE PORT ST. LUCIE, FL 34953 US			Mailing Address 843 SW TROUVILLE AVENUE PORT ST. LUCIE, FL 34953 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-0382172	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALTMAN, CHARLES 843 SW TROUVILLE AVENUE PORT ST. LUCIE, FL 34953			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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 NAME STREET ADDRESS CITY-ST-ZIP	P ALTMAN, CHARLES 843 SW TROUVILLE AVENUE PORT ST. LUCIE, FL 34953		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Frank H. Futia 3586 Pisano St. S.W. Port St. Lucie, FL 34953	
Delete <input type="checkbox"/>			Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>		
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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: <i>Charles M Altman</i> Charles M Altman 27 Apr 05 772-418-2848 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					