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Secretary of State

03-07-2005 90268 037 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000134482

1. Entity Name
DAY BROS. ROOFING, INC.

66008654

Principal Place of Business	Mailing Address
509 SW 2ND AVE OKEECHOBEE, FL 34974	1350 NW 141ST ST OKEECHOBEE, FL 34972

03012005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
	104 SW 3rd Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State Okeechobee FL
Zip / Country	Zip 34974-4217 Country U.S.

4. FEI Number 06-1714080 ☐ 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
MOORE, BETTE P 1350 NW 141 ST OKEECHOBEE, FL 34972	Name Lois Gray Street Address (P.O. Box Number is Not Acceptable) 104 SW 3rd Avenue City Okeechobee FL Zip Code 34974-4217

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 Lois Gray [signature] 03-30-2005
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, 2005 Fee will be $550.00

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD SEWELL, BRADLEY 236 SW 85TH AVE OKEECHOBEE, FL 34974	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: [signature] Brad Sewell 3/3/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #