

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000137064

Entity Name: ROOF BUSTERS, INC.

FILED  
Jan 27, 2004  
Secretary of State

**Current Principal Place of Business:**

239 LAKE GERTIE ROAD  
DELAND, FL 32720

**New Principal Place of Business:**

**Current Mailing Address:**

239 LAKE GERTIE ROAD  
DELAND, FL 32720

**New Mailing Address:**

FEI Number: 20-0416855

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

HOUSEHOLDER, THOMAS S  
239 LAKE GERTIE ROAD  
DELAND, FL 32720 US

**Name and Address of New Registered Agent:**

HOUSEHOLDER, THOMAS F  
239 LAKE GERTIE ROAD  
DELAND, FL 32720 US

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.

SIGNATURE: THOMAS HOUSEHOLDER

01/27/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES ( ) Change (X) Addition  
Name: HOUSEHOLDER, THOMAS F  
Address: 239 LAKE GERTIE ROAD  
City-St-Zip: DELND, FL 32720

Title: VP ( ) Change (X) Addition  
Name: QUINONES, JAIME J  
Address: 1275 ADELLE AVE  
City-St-Zip: DELAND, FL 32720

Title: SECR ( ) Change (X) Addition  
Name: QUINONES, DAVID J  
Address: 2744 BLUFFS LANDING  
City-St-Zip: DELAND, FL 32720

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS HOUSEHOLDER

PRES

01/27/2004

Electronic Signature of Signing Officer or Director

Date