



FILED  
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Secretary of State

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2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

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<b>DOCUMENT # P03000145746</b>		
1. Entity Name <b>RICK LUNDBERG ROOFING INC.</b>		
Principal Place of Business <b>4841 HICKORY TREE ROAD ST CLOUD, FL 34772</b>		Mailing Address <b>4841 HICKORY TREE ROAD ST CLOUD, FL 34772</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent <b>LUNDBERG, RICK 4841 HICKORY TREE ROAD ST CLOUD, FL 34772</b>		<b>66004113</b>  01102005 No Chg-P CR2E034 (10/03)
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.		4. FEI Number <b>20-0408076</b> Applied For Not Applicable
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LUNDBERG, RICK 4841 HICKORY TREE ROAD ST CLOUD, FL 34772	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD HOVENGA, BRETT 219 FAWN LANE DAVENPORT, FL 33896	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MORA, JOSE 335 CARDIFF DR KISSIMMEE, FL 34758	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		