

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-02-2004 90015 049 \*\*\*150.00

<b>DOCUMENT # P03000147665</b> 1. Entity Name <b>BRAD MCDONALD ROOFING &amp; CONSTRUCTION, INC.</b>																	
Principal Place of Business <b>6770 RANCHWOOD LOOP NEW PORT RICHEY FL 34653</b>			Mailing Address <b>6770 RANCHWOOD LOOP NEW PORT RICHEY FL 34653</b>														
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.														
City & State			City & State														
Zip		Country		4. FEI Number <b>20-0484471</b>													
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable													
6. Name and Address of Current Registered Agent <b>MCDONALD, BRADFORD B 6770 RANCHWOOD LOOP NEW PORT RICHEY FL 34653</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____																	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$350.00</b> <b>Make Check Payable to Florida Department of State</b>																	
9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																	
10. OFFICERS AND DIRECTORS																	
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																	
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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.																	
<b>SIGNATURE: <u>Bradford B. McDonald</u> <u>BRADFORD B. MCDONALD</u> <u>2-25-04</u> <u>727-849-0072</u></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																	