


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90058 027 \*\*\*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>
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2. Principal Place of Business <b>8123 RIDGE RD UNIT # 6</b>	3. Mailing Address <b>7143 STATE ROAD 54 # 197</b>
City & State <b>PORT RICHEY FL</b>	City & State <b>NEW PORT RICHEY FL</b>
Zip <b>34668</b>	Country <b>PASCO</b>
Zip <b>34653</b>	Country <b>PASCO</b>



01052005 Chg-P CR2E034 (10/03)

4. FEI Number <b>20-0484471</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
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 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	<b>PSTD MCDONALD, BRADFORD B 6770 RANCHWOOD LOOP NEW PORT RICHEY, FL 34653</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Brad McDonald  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-05 727-846-8004  
Date Daytime Phone #