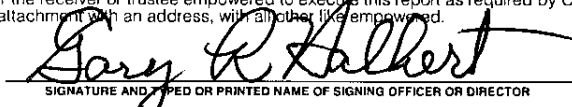


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 31, 2004 8:00 am
Secretary of State

08-31-2004 90001 024 ***150.00

DOCUMENT # P03000149999 1. Entity Name AMERICAN ROOFING CENTRAL INC.						
Principal Place of Business 2107 MULLIGAN RD. SEBRING, FL 33872 US				Mailing Address 2107 MULLIGAN RD. SEBRING, FL 33872 US		
2. Principal Place of Business 5223 Ponce de Leon Blvd. Suite, Apt. #, etc.		3. Mailing Address 5223 Ponce de Leon Blvd. Suite, Apt. #, etc.				
City & State Sebring, FL 33872		City & State Sebring, FL 33872		4. FEI Number 20-0446550		
Zip 33872		Country US		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent RENTZ, GERNRILYNEE M 2011 MULLIGAN RD. SEBRING, FL 33872				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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) Signature, typed or printed name of registered agent and title if applicable. DATE						
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ☐ Delete HALBERT, GARY R 2107 MULLIGAN RD. SEBRING, FL 33872			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 5223 Ponce de Leon Blvd. Sebring, FL 33872	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ☐ Delete RENTZ, RICHARD J 2011 MULLIGAN RD. SEBRING, FL 33872			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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 authority like empowered.						
SIGNATURE: 				8-24-04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #		