2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Secretary of State DOCUMENT # P03000151394 05-03-2004 91071 047 ***150.00 1. Entity Name HURLEY ROOFING, INC. Principal Place of Business Mailing Address 101 HORTTOR GREEN RD 101 HORTTOR GREEN RD CRAWFORDVILLE, FL 32327 CRAWFORDVILLE, FL 32327 2. Principal Place of Business 3. Mailing Address 80 Tanglewood Road 80 Tanglewood Road Suite, Apt. #, etc. Suite, Apt. #, etc. 04192004 CR2E034 (10/03) City & State Crawfordville, FL 4. FEI Number Applied For City & State Crawfordville, FL 0 Not Applicable Country 32327 Country \$8.75 Additional 32327 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Vicki Saunders HARLEY, JAMÉS W JR Street Address (P.O. Box Number is Not Acceptable) 101 HORTTOR GREEN RD CRAWFORDVILLE, FL 32327 80 Tanglewood Road City Crawfordville Zip Code 27 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. April 29, 2004 Vicki Saunders / Director Signature, typed or printed name of registered agent and the if applicable (NOTE: Registered Agent signature required when revisitating) FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. President TITLE ☐ Delete ■ Addition X Change TITLE James W. Hurley NAME HURLEY, JAMES W NAME 80 Tanglewood Road Crawfordville, FL. 32327 STREET ADDRESS 101 HORTTOR GREEN RD STREET ADDRESS CITY-ST-ZIF CRAWFORDVILLE, FL 32327 CITY-ST-ZIP TITLE Director X Change ☐ Addition Delete THE Vicki Saunders 90 Tanglewood Road Crawfordville, FL. 32327 SANDERS, VICKI H HAME NAME STREET ADDRESS 101 HORTTOR GREEN RD STREET ADDRESS CITY-ST-ZIP CRAWFORDVILLE, FL 32327 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition HAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP TOTAL ☐ Change ☐ Addition C Detete TOLE MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CUTY-ST-7/P 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: Vicki Saunders, Director April 29, 2004

FILED May 03, 2004 8:00 am

Daylane Phone #