2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005
Secretary of State

DOCUMENT# P04000019886

Entity Name: SOUTHWEST ROOFING PROFESSIONALS, INC.

Current Principal Place of Business:

959 NW 3 AVE.
FLORIDA CITY, FL 33034

New Principal Place of Business:

Current Mailing Address:

959 NW 3 AVE.
FLORIDA CITY, FL 33034

New Mailing Address:

220 NE 12TH AVE LOT60
HOMESTEAD, FL 33030

FEI Number: 43-2041511 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STOKES, SCOTT
959 NW 3 AVE.
FLORIDA CITY, FL 33034 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: STOKES, SCOTT
Address: 959 NW 3 AVE.
City-St-Zip: FLORIDA CITY, FL 33034

Title: T ( ) Delete
Name: REBOZO, C FRED
Address: 12400 SW 62 AVE
City-St-Zip: MIAMI, FL 33156

Title: VP ( ) Delete
Name: MOLLETT, BRUCE
Address: 1045 NE 4TH AVE.
City-St-Zip: HOMESTEAD, FL 33030

Title: S ( ) Delete
Name: JONES, ELVIS
Address: 1045 NE 4TH AVE.
City-St-Zip: HOMESTEAD, FL 33030

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT R. STOKES P 03/28/2005
Electronic Signature of Signing Officer or Director Date