
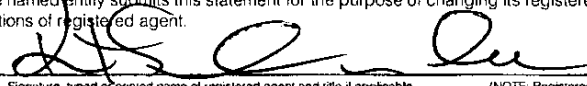
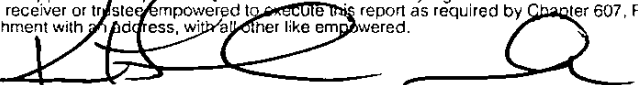


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90085 028 ***158.75

DOCUMENT # P04000037048			
1. Entity Name ANCHOR ROOFING OF SOUTHWEST FLORIDA, INC.			
Principal Place of Business 6200 TOPAZ COURT FORT MYERS, FL 33912		Mailing Address 6200 TOPAZ COURT FORT MYERS, FL 33912	
2. Principal Place of Business 5500 DIVISION DRIVE Suite, Apt. #, etc. STE 1 City & State FORT MYERS FL Zip 33905 Country LEE		3. Mailing Address 5500 DIVISION DRIVE Suite, Apt. #, etc. City & State FORT MYERS, FL 33905 Zip 33905 Country LEE	
6. Name and Address of Current Registered Agent SCHUMACHER, KURT R 6200 TOPAZ COURT FORT MYERS, FL 33912		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5500 DIVISION DR STE 1 City FORT MYERS, FL Zip Code 33905	
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  DATE 4-29-05 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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 checked="" 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: 		4/29/05 239.573.7663 Date Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

400000000



04282005 Chg-P CR2E034 (10/03)

4. FEI Number
20-0783150
Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required