2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

May 13, 2005 8:00 am Secretary of State **DOCUMENT # P04000045098** 05-13-2005 90230 014 ***150.00 DANNY ALLEN ROOFING, INC. Principal Place of Business Mailing Address 7630 BAYOU GEORGE DR. 7630 BAYOU GEORGE DR. 50052587 PANAMA CITY, FL 32404 PANAMA CITY, FL 32404 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05102005 CR2E034 (10/03) 4. FEI Number 30-0259328 City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name USKERT, JOHN J ESQ. Street Address (P.O. Box Number is Not Acceptable) 315 HARRISON AVE. PANAMA CITY, FL 32401 City 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the FILE NOWIII FEE IS \$150.00 corporation did not receive the prior notice. Trust Fund Contribution. Due by September 7, 2005 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete TITLE ☐ Change TITLE NAME ALLEN, DANNY L NAME 7630 BAYOU GEORGE DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PANAMA CITY, FL 32404 CITY-ST-ZIP NP DENNIS ALLEN 7630 BAYOU GEORGE DR. X Addition Delete TITLE ☐ Change TITLE MCMURPHY, CATHY D NAME NAME STREET ADDRESS STREET ADDRESS 8321 BRANDON RD. PANAMA CITY, FL 32404 CITY-ST-ZIP PANAMA CITY, FL 32404 CITY-ST-ZIP ☐ Change **▼** Addition TITLE ☐ Delete TITLE LORRETTA ALLEN NAME NAME 7630 BAYOU GEORGE DR. STREET ADDRESS STREET ADDRESS PANAMA Ciry FL 32404 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 suppowered.

NG OFFICER OR DIRECTOR

FILED