


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90051 019 ***150.00

DOCUMENT # P04000047001

1. Entity Name
ROZZO ROOFING, INC.



Principal Place of Business
**226 N. SWINTON AVE.
 DELRAY BEACH, FL 33444**

Mailing Address
**226 N. SWINTON AVE.
 DELRAY BEACH, FL 33444**



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

02112005 Chg-P CR2E034 (10/03)

4. FEI Number
20-0902859 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**ZIMMERMAN, STEPHEN L
 737 EAST ATLANTIC BLVD.
 POMPANO BEACH, FL 33060**

7. Name and Address of New Registered Agent
 Name **FRANK A. ROZZO**
 Street Address (P.O. Box Number is Not Acceptable)
226 NORTH SWINTON
 City **DELRAY BEACH FL** Zip Code **33444**

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 *Frank A. Rozzo* (NOTE: Registered Agent signature required when reinstating) DATE 2/11/05

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$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	D ROZZO, FRANK A 226 N. SWINTON AVE. DELRAY BEACH, FL 33444 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Frank A. Rozzo* DATE 2/11/05 561-278-6079
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #