

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000060300

FILED  
Jan 24, 2005  
Secretary of State

Entity Name: ANGEL ROOFING SYSTEMS, INC.

**Current Principal Place of Business:**

8436 GARDNER ROAD  
TAMPA, FL 33625 US

**New Principal Place of Business:**

**Current Mailing Address:**

4506 NORTH MATANZAS AVENUE  
TAMPA, FL 33614 US

**New Mailing Address:**

FEI Number: 20-0989536

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ABAD, ANGEL  
4506 NORTH MATANZAS AVENUE  
TAMPA, FL 33614 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: ABAD, ANGEL  
Address: 4506 NORTH MATANZAS AVENUE  
City-St-Zip: TAMPA, FL 3614 US

Title: VP ( ) Delete  
Name: ABAD, NANCY  
Address: 4506 NORTH MATANZAS AVENUE  
City-St-Zip: TAMPA, FL 33614 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: ANGEL ABAD

PS

01/24/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date