

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-14-2005 90053 004 ***150.00

DOCUMENT # P04000090251	
1. Entity Name CLASSIC ROOF CONSULTANTS OF S. FLA., INC.	



Principal Place of Business 29935 S.W. 169TH COURT HOMESTEAD, FL 33030	Mailing Address 29935 S.W. 169TH COURT HOMESTEAD, FL 33030
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40010000

2. Principal Place of Business 20724 SW 89 Pkwy	3. Mailing Address 20724 SW 89 Pkwy
Suite, Apt. #, etc.	Suite, Apt. #, etc.



01302005 Chg-P CR2E034 (10/03)

City & State Miami, FL	City & State Miami, FL
Zip 33189	Zip 33189
Country	Country

4. FEI Number 20-1236838	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DUNHAM, JULIE 29935 S.W. 169TH COURT HOMESTEAD, FL 33030	
20724 SW 89 Pkwy Miami, FL 33189	

7. Name and Address of New Registered Agent Name Julie Dunham Street Address (P.O. Box Number is Not Acceptable) 20724 SW 89 Pkwy City Miami, FL FL Zip Code 33189	
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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 <i>Julie Dunham</i>	DATE 2/7/05
(NOTE: Registered Agent signature required when reinstating)	

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME D, P DUNHAM, JULIE L	<input type="checkbox"/> Delete	TITLE NAME Same	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 29935 S.W. 169TH COURT		STREET ADDRESS 20724 SW 89 Pkwy	
CITY-ST-ZIP HOMESTEAD, FL 33030		CITY-ST-ZIP Miami, FL 33189	
TITLE NAME S, T DUNHAM, JULIE L	<input type="checkbox"/> Delete	TITLE NAME Same	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 29935 S.W. 169TH COURT		STREET ADDRESS 20724 SW 89 Pkwy	
CITY-ST-ZIP HOMESTEAD, FL 33030		CITY-ST-ZIP Miami, FL 33189	
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
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
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
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 reports 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 an other like empowered.

SIGNATURE: <i>Julie Dunham</i>	DATE 2/7/05	DAYTIME PHONE # 786-293-2786
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		