## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## May 03, 2005 8:00 am DOCUMENT # P04000093987 Secretary of State 1. Entity Name 05-03-2005 90148 007 \*\*\*150.00 FLEMING ROOFING CO, INC. Mailing Address Principal Place of Business 44654 WOODLAND CIRCLE CALLAHAN FL 32011 44654 WOODLAND CIRCLE CALLAHAN FL 32011 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 16-170267 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FLEMING FLEMING, CANDACE L Street Address (P.O. Box Number is Not Acceptable) 44654 WOODLAND CIRCLE CALLAHAN FL 32011 44654 WOODLAND 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. the obligations of registered agent. FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. FLEMING, RODNEY F. 44654 WOODLAND CIRCLE PD TITLE Change Change ☐ Addition TETLE Delete FLEMING, CANDACE L NAME NAME 44654 WOODLAND CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CALLAHAN FL 32011 CITY-ST-ZIP □ Change ☐ Addition TITLE ☐ Delete FLEMING, RODNEY F NAME NAME STREET ADDRESS 44654 WOODLAND CIRCLE STREET ADDRESS CALLAHAN FL 32011 CLTY-ST-7IP CITY-51-7IP Delete ☐ Change ☐ Addition THEE HILE NAME NAME FLEMING, BRUCE E STREET ADDRESS STREET ADDRESS 8429 GALVESTON AVENUE CITY-ST-ZIP JACKSONVILLE FL 32211 CITY-ST-7IP TITLE ☐ Detete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 empowered.

KODNEY F. FLEMING 4-21-05

FILED