2005 FOR PROFIT CORPORATION

FILED Feb 28, 2005 8:00 am

Daytime Phone #

ANNUAL REPURI						Secretary of State				
DOCUMENT # P04000138209 1. Entity Name JERRY ROOFING SERVICE INC.					02-28-2005 90193 030 ***150.00					
Principal Place	e of Business	Mailing Address	Mailing Address							
ELIER GONZALEZ		ELIER GONZALEZ			EIN: 20-1709974					
217 SW 38TH STREET		217 SW 38TH STREET			EIN: 20-170 1114					
CAPE CORAL, FL 33914		CAPE CORAL, FL 33914								
Principal Pl	ace of Business	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02232005	Chg-P	CR2E034 (10/	(03)			
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City & State		City & State			4. FEI Number	•	<u> </u>		ied For	
Zip Country		Zip Country					<u> </u>		Applicable	
Zip		2.10	Country		5. Certificate of Status Desired S8.75 Additional Fee Required			onai		
	6Name and Address of Current	Registered Agent			_7Name and∌	Address of New F	Registered Agent -			
		Name								
GONZALEZ, ELIER										
217 SW 38TH STREET				Street Address (P.O. Box Number is Not Acceptable)						
CAPE COR	RAL, FL 33914									
***			-				1			
			City	FL Zip Code						
8. The above	named entity submits this statement fo	r the purpose of changing its r	egistered office	or registe	red agent, or both	n, in the State of FI	orida. I am familiar	with, ar	nd accept	
the obligati	ions of registered agent.						1			
SISNATURE_	t depe		γ.	:					•	
	Signature; typed or printed name of registered agent	and title it applicable. (NOTE:	Registered Agent sign	nature required	d when reinstating)		DATE		,	
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FIL	E NÕWIII. FEE IS \$150.00	9. Election Campaig	gn Financing Γ	\$5	.00 May Be				13 T	
After Ma	ay 1, 2005 Fee will be \$550.	00 Trust Fund Contri	ibution. L	⊒ [Add	ded to Fees					
10.	OFFICERS AND	DIRECTORS	11.	· ·	ADDITIONS/0	CHANGES TO OF	FICERS AND DIREC	TORS	N 11	
TITLE	P	☐ Delete	TITLE				☐ Cha	ange	Addition	
NAME	GONZALEZ, ELIER		NAME							
STREET ADDRESS	217 SW 38TH STREET		STREET ADDRES	S						
CITY-ST-ZIP	CAPE CORAL, FL 33914		CITY-ST-ZIP							
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NAME	The second secon	mar era area.	. NAME				· · · · · · · · · · · · · · · · · · ·			
STREET ADDRESS CITY-ST-ZIP			STREET ADDRES		- L G.					
<u> </u>	Legify that the information supplied with	h this filing does not qualify for		tated in S	ection 119.07/2V	i) Florida Statutos	I further certify the	t the inf	ormation	
indicated	certify that the information supplied with on this report or supplemental report is reported to the receiver or trusted one	s true and accurate and that m	ny signature sha	I have the	same legal effec	t as if made under	roath; that I am an c	officer o	r director	
changed	rporation or the receiver or trustee emp , or on an attachment with an address.	with all other like empowered.	as required by t	viabtei <i>o</i> C	ii , monda statute	_{ાં} તાાં urat my nar	ne appears in Biock	CIUOFE	DIOCK 11 If	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR