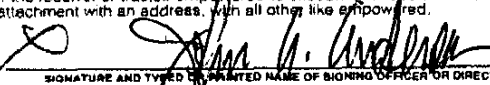


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90174 010 ***150.00

DOCUMENT # P04000142725			
1. Entity Name ANDERSON ALL FLORIDA ROOFING, INC.			
Principal Place of Business 1448 BENT OAKS BLVD. DELAND, FL 32724		Mailing Address 1448 BENT OAKS BLVD. DELAND, FL 32724	
2. Principal Place of Business 3802 Cherry Grove Ct. Port Orange, FL 32129		3. Mailing Address 3802 Cherry Grove Ct. Port Orange, FL 32129	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number X 93786388		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ANDERSON, JOHN A 1448 BENT OAKS BLVD. DELAND, FL 32724		7. Name and Address of New Registered Agent Name Anderson, JOHN A Street Address (P.O. Box Acceptable) 3802 Cherry Grove Ct. City Port Orange, FL 32129 FL Zip Code	
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 _____ DATE _____ Signature, typed or printed name of registered agent and time if applicable. (NOTE: Registered Agent signature required when reappointing)			
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 ANDERSON, JOHN A 1448 BENT OAKS BLVD. DELAND, FL 32724 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOHN ANDERSON D 3802 Cherry Grove Ct. Port Orange, FL 32129 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 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: 		Date _____ Daytime Phone # _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			