

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 12, 2005 8:00 am
Secretary of State

09-12-2005 90001 010 ***550.00

DOCUMENT # P04000144536

1. Entity Name
ALLIED ROOFING & SIDING, INC.



Principal Place of Business Mailing Address

316 BAYSHORE BLVD #202 316 BAYSHORE BLVD #202
 CLEARWATER, FL 33759 CLEARWATER, FL 33759

JUUB6J41



2. Principal Place of Business 3. Mailing Address

4591 SW BRADON AVE. **4591 SW BRADON AVE.**

Suite, Apt. #, etc. Suite, Apt. #, etc.

09062005 Chg-P CR2E034 (10/03)

City & State City & State 4. FEI Number Applied For

ARCADIA, FL **ARCADIA, FL** **20-1810393** Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required

34266 **USA** **34266** **USA**

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

VERONA LAW GROUP, P.A.
7235 FIRST AVE SO
ST PETERSBURG, FL 33707

Name

Street Address (P.O. Box Number is Not Acceptable)

City **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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005

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	D <input type="checkbox"/> Delete	TITLE	TERRY ALLEN P/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, TERRY	NAME	4591 SW BRADON AVE.
STREET ADDRESS	316 BAYSHORE BLVD #202	STREET ADDRESS	ARCADIA, FL 34266
CITY-ST-ZIP	CLEARWATER, FL 33759	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	CHRISTOPHER LEBLER
STREET ADDRESS		STREET ADDRESS	1449 S.E. 4TH AVE
CITY-ST-ZIP		CITY-ST-ZIP	ARCADIA FL 34266
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: Terry Allen Terry Allen President 9-7-05 963-244-3274

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #