

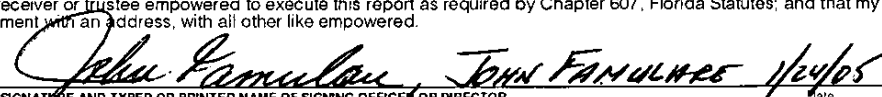


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 02, 2005 8:00 am**  
**Secretary of State**

02-02-2005 90078 011 \*\*\*150.00

<b>DOCUMENT # P22548</b> 1. Entity Name <b>INDUSTRIAL ROOFING SPECIALIST INC</b>					
Principal Place of Business <b>501 HERNDON AVENUE SUITE B ORLANDO FL 32803</b>			Mailing Address <b>501 HERNDON AVENUE SUITE B ORLANDO FL 32803</b>		
2. Principal Place of Business  <div style="text-align: center;"> <b>Industrial Roofing Specialists Inc.</b>  <b>134 S. Bumby Ave. Suite A Orlando, FL 32803</b> </div>		3. Mailing Address  <div style="text-align: center;"> <b>Industrial Roofing Specialists Inc.</b>  <b>134 S. Bumby Ave. Suite A Orlando, FL 32803</b> </div>		 1st MOORE CR2E034 (10/04)	
Zip Country		Zip Country		4. FEI Number <b>35-1432129</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable       </div>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent  <div style="text-align: center;"> <b>FAMULARE, JOHN</b>  <b>468 WURST ROAD</b>  <b>OCOE FL 34761</b> </div>	
7. Name and Address of New Registered Agent  <div style="text-align: center;">         Name          Street Address (P.O. Box Number is Not Acceptable)          City <b>FL</b> Zip Code       </div>				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete <b>FAMULARE, JOHN</b> <b>468 WURST ROAD</b> <b>OCOE FL 34761</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Delete <b>FAMULARE, KURT</b> <b>728 GARDEN PLAZA</b> <b>ORLANDO FL 32803</b>		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	
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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 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.					
<b>SIGNATURE:</b>  <b>JOHN FAMULARE</b> 1/24/05 407-282-1570 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					