2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P92000012228

1. Entity Name
JOHN & SON ROOFING, INC.

Principal Place of Business	Mailing Address
6435 61ST COURT VERO BEACH, FL 32967-5265	6435 61ST COURT VERO BEACH, FL 32967-5265

DO NOT WRITE IN THIS SPACE

JUU2̄7518

02012005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0378540	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MCHUGH, JOHN J JR
333 17TH STREET
SUITE U
VERO BEACH, FL 32960

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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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

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

TITLE	P
NAME	CAUDILL, JOHN D
STREET ADDRESS	6435 61ST COURT
CITY-ST-ZIP	VERO BEACH, FL 329675265

TITLE	VP
NAME	CAUDILL, TERRY D.
STREET ADDRESS	6435 61ST COURT
CITY-ST-ZIP	VERO BEACH, FL 329675265

TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

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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: _John Caudill_   John Caudill   3-14-05

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