

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 13, 2004 08:00 AM

Secretary of State

DOCUMENT # P92000014088

1. Entity Name

ROOFING CONCEPTS UNLIMITED/FLORIDA, INC.



Principal Place of Business

433 S DIXIE HWY E
POMPANO BEACH FL 33060
US

Mailing Address

ROOFING CONCEPTS UNLIMITED/FLORIDA, I
433 S DIXIE HWY E
POMPANO FL 33060
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt # etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number

65-0373955

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THE SOTO LAW GROUP
915 MIDDLE RIVER DR STE 207
FORT LAUDERDALE FL 33304

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

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME JACOBACZZI, MICHAEL
STREET ADDRESS 433 S DIXIE HWY EAST
CITY- ST- ZIP POMPANO BEACH FL

☐ Delete

TITLE SD
NAME JACOBACZZI, DENISE A
STREET ADDRESS 433 S DIXIE HWY E
CITY- ST- ZIP POMPANO BEACH FL 33060

☐ Delete

TITLE TD
NAME JACOBACZZI, ANTHONY
STREET ADDRESS 433 S DIXIE HWY E
CITY- ST- ZIP POMPANO BEACH FL 33060

☐ Delete

TITLE
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CITY- ST- ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

U000000050103
02/13/04-80049-024 158.75

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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)(f), 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 line empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-11-04 954-786-9300