

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P93000010075

1. Entity Name
PARAGON ROOFING, INC.



Principal Place of Business

2650 ROWENA BLVD NE
SUITE B
PALM BAY, FL 32905

Mailing Address

2650 ROWENA BLVD NE
SUITE B
PALM BAY, FL 32905 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

2360 HUNTER LN

Suite, Apt. #, etc.

2360 HUNTER LN

City & State

MALABAR, FL

City & State

MALABAR, FL

Zip

32950

Country

BREVARD

Zip

32950

Country

BREVARD

10072005

REIN-P

CR2E098 (6/04)

4. FEI Number

59-3164016

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CAUDILL, JOHN A
2360 HUNTER LANE
MALABAR, FL 32950

7. Name and Address of New Registered Agent

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

John A. Caudill

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

10-7-05

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CAUDILL, JOHN A 2360 HUNTER LANE MALABAR, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS CAUDILL, VALERIE B 2360 HUNTER LANE MALABAR, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CAUDILL, KENNETH G. 1928 AGORA CIR 106 SE PALM BAY, FL 32909	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V AYRES, DONALD A 1928 AGORA CIR 106 SE PALM BAY, FL 32909	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TARZANIN, PAUL D 1410 CARR CIR NE PALM BAY, FL 32905	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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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 A. Caudill

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-7-05 321-676-2322

Date

Daytime Phone #

FILED

2005 OCT 11 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10/11/05