

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 17, 2004 8:00 am**  
**Secretary of State**

02-17-2004 90052 001 \*\*\*350.00

**DOCUMENT # P93000015464**

**1. Entity Name**

**GENERAL ROOFING WORKS, INC.**



**Principal Place of Business**

**123 NORTH INDUSTRIAL DRIVE  
ORANGE CITY, FL 32763 US**

**Mailing Address**

**POST OFFICE BOX 740708  
ORANGE CITY, FL 32774-0708 US**

**66402068**



01282004

No Chg-P

CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**

**65-0400602**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**



**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**CUTRONA, MELINDA E.  
123 NORTH INDUSTRIAL DRIVE, SUITE B  
ORANGE CITY, FL 32774**

**DO NOT WRITE  
IN THIS SPACE**

**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**

**9. Election Campaign Financing  
Trust Fund Contribution.**



**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE PD  
NAME CUTRONA, MELINDA E  
STREET ADDRESS 123 NORTH INDUSTRIAL DRIVE  
CITY-ST-ZIP ORANGE CITY, FL**

**TITLE ST  
NAME CUTRONA, JERRY  
STREET ADDRESS 123 N. INDUSTRIAL DR., STE. B  
CITY-ST-ZIP ORANGE CITY, FL**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

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CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**DO NOT WRITE  
IN THIS SPACE**

**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:**

*Melinda Cutrona*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #