2005 FOR PROFIT CORPORATION ANNUAL REPORT

07-05-2005 90114 009 ***150.00
P93000039002

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUL 12 PM 1:58

DOCUMENT # P93000039002

1. Entity Name
ACCURATE ROOF CONSULTANTS, INC.

Principal Place of Business	Mailing Address
30339 P U.S. 19 N. CLEARWATER, FL 33761	30339 P U.S. 19 N. CLEARWATER, FL 33761

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

07012005 Chg-P CR2E034 (10/03)

4. FEI Number: 59-3188698 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SIPLE, DAVID H
30339 P U.S. 19 N.
CLEARWATER, FL ~~34621~~ 33761-1039

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code 33761-1039

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
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS SIPLE, DAVID H 30339 P U.S. 19 N. CLEARWATER, FL 346211039	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS SIPLE, DAVID H. 30339 P US. 19 N. CLEARWATER, FL 33761-1039	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT SIPLE, MARGARITA J 30339 P U.S. 19 N. CLEARWATER, FL 346211039	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT SIPLE, MARGARITA 30339 P US. 19 N. CLEARWATER, FL 33761-1039	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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.

SIGNATURE: Margarita Siple MARGARITA J. SIPLE July 1'05 727 789 9394
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #