2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2005
Secretary of State

DOCUMENT# P93000067899

Entity Name: GARY'S ROOFING SERVICE, INC.

Current Principal Place of Business:

4687 OAK FOREST DR. E.
SARASOTA, FL 34231 US

New Principal Place of Business:

4608 ASHTON ROAD
SARASOTA, FL 34233 US

Current Mailing Address:

4687 OAK FOREST DR. E.
SARASOTA, FL 34231 US

New Mailing Address:

4608 ASHTON ROAD
SARASOTA, FL 34233 US

FEI Number: 65-0438948 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TIMOTHY H. ACKERLAND
4463 DON MEYER DRIVE
SARASOTA, FL 34233 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ACKERLAND, TIMOTHY H
Address: 4463 DON MEYER DRIVE
City-St-Zip: SARASOTA, FL 34233 US

Title: S ( ) Delete
Name: ACKERLAND, SUZAN
Address: 4687 OAK FOREST DR. E
City-St-Zip: SARASOTA, FL 34231 US

Title: VP (X) Delete
Name: ACKERLAND, DUANE
Address: 4687 OAK FOREST DR. E
City-St-Zip: SARASOTA, FL 34231 US

Title: TRE ( ) Delete
Name: ACKERLAND, CAROLYN
Address: 4463 DON MEYER DRIVE
City-St-Zip: SARASOTA, FL 34233 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: ACKERLAND, SUZAN
Address: 4687 OAK FOREST DR. E
City-St-Zip: SARASOTA, FL 34231 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ST (X) Change ( ) Addition
Name: ACKERLAND, CAROLYN
Address: 4463 DON MEYER DRIVE
City-St-Zip: SARASOTA, FL 34233 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROLYN ACKERLAND ST 01/13/2005

Electronic Signature of Signing Officer or Director Date