

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 12, 2005 8:00 am**  
**Secretary of State**

09-12-2005 90001 031 \*\*\*550.00

**DOCUMENT # P93000088283**

1. Entity Name  
**ROEDER ROOFING, INC.**



Principal Place of Business  
**513 CARRIE HILL RD.  
TITUSVILLE, FL 32796 US**

Mailing Address  
**513 CARRIE HILL RD.  
TITUSVILLE, FL 32796 US**

00000320



07102005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3216155</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

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

**ROEDER, SHERMAN L**  
**155 GEMINOLE CT**  
**TITUSVILLE, FL 32796**  
*513 Carrie Hill Rd.*  
*32796*

**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 \$550.00  
Due by September 7, 2005**

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

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	ROEDER, SHERMAN L
STREET ADDRESS	155 GEMINOLE CT
CITY- ST- ZIP	TITUSVILLE, FL 32796

*513 Carrie Hill Rd.*  
*Titusville - 32796*

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Sherman L. Roeder*  
**SHERMAN L. ROEDER**  
*9/6/2005*  
*1-321-268-9148*