


# 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # P94000023944</b>					
<b>1. Entity Name</b> CORNELIS ROOFING, INC.					
<b>Principal Place of Business</b> 4668 HALIFAX DR PORT ORANGE, FL 32127 US			<b>Mailing Address</b> 4668 HALIFAX DR PT ORANGE, FL 32127 US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-3231276	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  CORNELIS, TERRANCE J 4668 HALIFAX DR. PORT ORANGE, FL 32127			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b>  SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
<b>Amended AR is \$61.25</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORNELIS, TERRANCE J 4668 HALIFAX DR PT ORANGE, FL 32127		TITLE NAME STREET ADDRESS CITY-ST-ZIP	500040744445 09/01/04--01081--005 **61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORNELIS, YVONNE 4668 HALIFAX DR PT ORANGE, FL 32127		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SAWYER, THOMAS J 4668 HALIFAX DRIVE PORT ORANGE, FL 32127		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCQUINN, DAVID L 4668 HALIFAX DRIVE DAYTONA BEACH, FL 32127		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	
<b>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.</b>					
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			8/25/2004 386-760-2732 Date Daytime Phone #		

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



08252004 Chg-P CR2E034 (10/03)

*[Handwritten signature]*