2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jan 26, 2005 8:00 am **Secretary of State** DOCUMENT # P95000015932 1. Entity Name. 01-26-2005 90002 026 ***150.00 ROBERT BATSON ROOFING, INC. Principal Place of Business Mailing Address 2823 E JERSEY ST 2823 E JERSEY ST ORLANDO FL 32806 ORLANDO FL 32806 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/04) 1st MOORE City & State City & State 4. FEI Number Applied For 59-3307223 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BATSON, ROBERT E Street Address (P.O. Box Number is Not Acceptable) 2823 E JERSEY ST 34 (35) ORLANDO FL 32806 City Zip Code 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. SIGNATORE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) SAFILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change Addition TITLE Delete TITLE BATSON, ROBERT E NAME NAME STREET ADDRESS 2823 E JERSEY ST STREET ADDRESS CITY-ST-7IP ORLANDO FL 32806 CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition Batson Robert E. JR 17:03 Conway Islecivi orlandoifl. 32809 BATSON, ROBERT E JR NAME STREET ADDRESS STREET ADDRESS 5272 CHISWICK CIRCLE CITY-ST-ZIP ORLANDO FL 32812 CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME WATERS, CYNTHIA B NAME STREET ADDRESS 5436 CONWAY POINTE COURT STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32812 CITY-ST-ZIP ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete MAME NAME STREET ADDRESS STREET ADDRESS

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12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE: Balaf & Batan Diesilut 1-20-05 407.423.7570

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR

Date Daytom Phone #