


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90269 048 \*\*\*158.75

<b>DOCUMENT # P95000059565</b>	
1. Entity Name <b>AFFORDABLE ROOFING BY JOHN CADWELL, INC.</b>	

Principal Place of Business <b>954 EE HOAGLAND BLVD. EE KISSIMMEE FL 34741 US</b>	Mailing Address <b>954 EE HOAGLAND BLVD. EE KISSIMMEE FL 34741 US</b>
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2. Principal Place of Business <i>1008 N. Hoagland Blvd</i>	3. Mailing Address <i>1008 N. Hoagland Blvd</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>Kissimmee Fl.</i>	City & State <i>Kissimmee Fl.</i>
Zip <i>34741</i>	Country <i>USA</i>



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent <b>CADWELL, JOHN 954 S. HOAGLAND BLVD SUITE E KISSIMMEE FL 34741</b>	
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7. Name and Address of New Registered Agent <i>JOHN R. Cadwell</i>	
Street Address (P.O. Box Number is Not Acceptable) <i>1008 N. Hoagland Blvd</i>	
City <i>Kissimmee</i>	Zip Code <i>FL 34741</i>

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 <i>John R. Cadwell</i>	DATE <i>4-7-04</i>

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT CADWELL, JOHN 954 EE HOAGLAND BLVD KISSIMMEE FL 34741 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>John R. Cadwell</i>	DATE: <i>4-7-04</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Daytime Phone #