


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90111 016 ***158.75

DOCUMENT # P95000073724		
1. Entity Name BUD'S ROOFING, INC.		

Principal Place of Business 6380 SAPLINS AVE GRANT FL 32949	Mailing Address 6380 SAPLINS AVE GRANT FL 32949
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State GRANT FL	City & State
Zip 32949	Country US

4. FEI Number 59-3333418	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent LANG, WILLIAM J 1380 WOODLAWN CIRCLE, N.E. PALM BAY FL 32905	
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7. Name and Address of New Registered Agent Name SAME Street Address (P.O. Box Number is Not Acceptable) 6380 SAPLINS AVE City GRANT FL Zip Code 32949	
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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 <u><i>William J. Lang</i></u> PRESIDENT 4-1-05 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>	
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE P	<input type="checkbox"/> Delete
NAME LANG, WILLIAM	
STREET ADDRESS 1380 WOODLAWN CIRCLE	
CITY-ST-ZIP PALM BAY FL	
TITLE VP	<input type="checkbox"/> Delete
NAME BAIUNCO, TOM	
STREET ADDRESS 210 APPLEWOOD CIRCLE	
CITY-ST-ZIP MELBOURNE FL	
TITLE T	<input type="checkbox"/> Delete
NAME LANG, JASON	
STREET ADDRESS 1380 WOODLAWN CIRCLE	
CITY-ST-ZIP PALM BAY FL 32905	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SAME	
STREET ADDRESS 6380 SAPLINS AVE	
CITY-ST-ZIP GRANT FL 32949	
TITLE SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SAME	
STREET ADDRESS 1294 CYPRESS TRACE DR	
CITY-ST-ZIP MELBOURNE FL 32940	
TITLE SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SAME	
STREET ADDRESS 6380 SAPLINS AVE	
CITY-ST-ZIP GRANT FL 32949	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: <u><i>William J. Lang</i></u> 4-1-05 321-728-1158 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>
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