


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 11, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P95000085237  
 1. Entity Name  
 STAY-DRY ROOFING OF TAMPA BAY INC.



Principal Place of Business Mailing Address  
 9007 HAYMARKET ST. 9007 HAYMARKET ST.  
 ODESSA, FL 33556 US ODESSA, FL 33556 US

**DO NOT WRITE IN THIS SPACE**



02252005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3359416 Applied For Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 FLORES, DENNIS  
 9007 HAYMARKET ST  
 ODESSA, FL 33556

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	OP
NAME	FLORES, DENNIS R
STREET ADDRESS	9007 HAYMARKET ST
CITY - ST - ZIP	ODESSA, FL 33556
TITLE	T
NAME	FLORES, DANIEL
STREET ADDRESS	9007 HAYMARKET LN
CITY - ST - ZIP	ODESSA, FL 33556
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 03/11/05-80017-017 150.00

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**ORIGINAL**

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: Dennis R. Flores 3-8-05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #