2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000095885

Entity Name: FLACK'S ROOFING, INC.

Current Principal Place of Business:	**New Principal Place of Business:**
9930 BOLTON AVE HUDSON, FL 34667	
Current Mailing Address:	**New Mailing Address:**
9930 BOLTON AVE HUDSON, FL 34667	P.O. BOX 5010 HUDSON, FL 34674

FEI Number: 65-0638907   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
FLACK, MARGARET 9930 BOLTON AVE HUDSON, FL 34667	FLACK, GROVER PO BOX 5010 HUDSON, FL 34674

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.

SIGNATURE: GROVER FLACK   01/12/2004

_____Electronic Signature of Registered Agent_____   _____Date_____

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	D ( ) Delete		Title:	D (X) Change ( ) Addition
Name:	FLACK, MARGARET		Name:	FLACK, GROVER
Address:	9930 BOLTON AVE		Address:	P O BOX 5010
City-St-Zip:	HUDSON, FL 34667		City-St-Zip:	HUDSON, FL 34674
Title:	( ) Delete		Title:	O ( ) Change (X) Addition
Name:			Name:	RICHARDSON, EARL
Address:			Address:	11104 PINTO LN
City-St-Zip:			City-St-Zip:	PORT RICHEY, FL 34668

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GROVER FLACK   D   01/12/2004

_____Electronic Signature of Signing Officer or Director_____   _____Date_____