2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000010493

1. Entity Name
BOBBY'S ROOFING OF THE FLORIDA KEYS, INC.

FILED
05 APR 29 PM 4:04
SECRETARY OF STATE
TALLAHASSEE FLORIDA

02152005 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
1101 SW 127 ST NEWBERRY, FL 32669	1101 SW 127 ST 1 NEWBERRY, FL 32669

2. Principal Place of Business	3. Mailing Address
120 Bull Pond Lane Suite, Apt. #, etc	120 Bull Pond Lane Suite, Apt. # etc.
City & State: Hawthorne Florida	City & State: Hawthorne Florida
Zip: 32640 Country: Alachua	Zip: 32640 Country: Alachua

4. FEI Number: 65-0638772 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TRACEY, ROBERT C JR 1101 SW 127 ST NEWBERRY, FL 32669 Change Address New Add → 120 Bull Pond Ln Hawthorne FL 32640	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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.

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PO TRACEY, ROBERT C JR 1101 SW 127ST NEWBERRY, FL 32669	x ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	po Tracey, Robert C Jr 120 Bull Pond Lane Hawthorne Fl 32640	x ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	500054202165 05/10/05--01034--003 **158.75	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: _____ Pres/owner 3/10/05 352 2580163
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #