
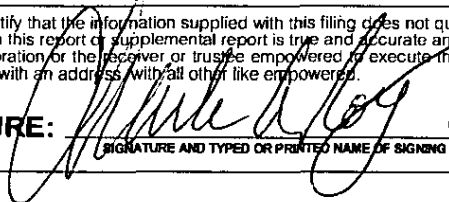


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000100937		
1. Entity Name Charles A Roy Roofing, Inc		
DO NOT WRITE IN THIS SPACE		
2. Principal Place of Business 510 6th Ave E Suite, Apt. #, etc.		3. Mailing Address 510 6th Ave E Suite, Apt. #, etc.
City & State Bradenton FL		City & State Bradenton FL
Zip 34208	Country USA	Zip 34208
4. FEI Number 65-0883194		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
7. Name and Address of Current Registered Agent		
Name David W. Esq.		
Street Address (P.O. Box Number is Not Acceptable) 308 13th St W		
City Bradenton FL		Zip Code 34205
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>		
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 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
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPC Roy, Charles A 510 6th Ave E Bradenton FL 34208	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SO Roy, Pamela G 510 6th Ave E Bradenton FL 34208	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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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 on an attachment with an address with all other like empowered.		
SIGNATURE:  (PRES) CHARLES A ROY		Date 10-3-03 Daytime Phone # (941) 746-0008

FILED
03 OCT -8 PM 3:38
SECRETARY OF STATE
FLORIDA
TALLAHASSEE
08/03--01031--027 **558.75

CR2E034B (12/02)