2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P99000014442 1. Entity Name CARROLLWOOD ROOFING CO. Principal Place of Business Mailing Address 16504 W. COURSE DRIVE 16504 W. COURSE DRIVE TAMPA, FL 33624 TAMPA, FL 33624 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03082004 Chg-P CR2E034 (10/03) City & State City & State 4. FE! Number Applied For 59-3557722 Not Applicable Zip Country Country Zio \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent... -7.- Name and Address of New Registered Agent" SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES, FL 33134 City 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PST TITLE ☐ Delete TITLE Change Addition TALLMAN, JON R NAME NAME 16504 W COURSE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33624 CITY-ST-ZIP TITLE VΡ ☐ Delete TITLE anitibha 🗂 TALLMAN, MELISSA A NAME STREET ADDRESS 16504 W. COURSE DR STREET ADDRESS **TAMPA, FL 33624** CITY-ST-ZIP CITY-ST-ZIP VΡ TITLE ☐ Defete TITLE Change Addition JORDAN, JERRY J JR NAME NAME STREET ADDRESS 18208 CYPRESS COVE LN STREET ADDRESS CITY-ST-ZIP LUTZ, FL 33549 CITY-ST-ZIP TITE F Change ☐ Defete TITI F Addition OSCAR GUZMAN NAME 9010 Hickory Cir STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMOA, FL 33615 TITLE ☐ Delete TITLE Addition ☐ Change JAMES RENZA NAME NAME 2727 W. AbdelA St. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA, FL 33607 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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)(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 adaction of the receiver or trustee empowered. SIGNATURE