2004 FOR PROFIT CORPORATION ANNUAL REPORT

Jul 08, 2004 08:00 AM **DOCUMENT # P99000052142 Secretary of State** HEATON ROOFING, INC. Principal Place of Business Mailing Address 4036 SW HONEY TERR. P. O. BOX 1143 PALM CITY, FL 33490 PALM CITY, FL 34991 07022004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0962050 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HEATON, DANIEL E DO NOT WRITE 4036 SW HONEY TERR. PALM CITY, FL 33490 IN THIS SPACE 1. 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 oblications of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resistating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Trust Fund Contribution. Due by September 8, 2004 Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME HEATON, DANIEL STREET ADDRESS 4036 SW HONEY TERR. CITY-ST-ZIP PALM CITY, FL 33490 J00000164559 DTLE 07/08/04-80013-019 158.75 HEATON, LINDA S NAME 4036 SW HONEY TERR. STREET ADDRESS CITY-ST-7IP PALM CITY, FL 33490 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITI F IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 of trustee ampowered 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:

NAME STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS

7-5-04 /772-287-0116

FILED