

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90444 003 ***150.00

DOCUMENT # P99000056362					
1. Entity Name A.S. WALDON ROOFING INC.					
Principal Place of Business 4348 SKIPPER RD SEBRING, FL 33875			Mailing Address 4348 SKIPPER RD SEBRING, FL 33875		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0943465	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WALDON, SCOTT 4348 SKIPPER RD SEBRING, FL 33875			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 _____ (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD	NAME WALDON, SCOTT		TITLE NAME	NAME NAME	
STREET ADDRESS 4348 SKIPPER RD	STREET ADDRESS 4348 SKIPPER RD		STREET ADDRESS STREET ADDRESS	STREET ADDRESS STREET ADDRESS	
CITY-ST-ZIP SEBRING, FL 33875	CITY-ST-ZIP SEBRING, FL 33875		CITY-ST-ZIP CITY-ST-ZIP	CITY-ST-ZIP CITY-ST-ZIP	
TITLE VP	NAME TURNER, JOHNNY		TITLE NAME	NAME NAME	
STREET ADDRESS 2309 N.W. 9 STREET	STREET ADDRESS 2309 N.W. 9 STREET		STREET ADDRESS STREET ADDRESS	STREET ADDRESS STREET ADDRESS	
CITY-ST-ZIP FT. LAUDERDALE, FL 33311	CITY-ST-ZIP FT. LAUDERDALE, FL 33311		CITY-ST-ZIP CITY-ST-ZIP	CITY-ST-ZIP CITY-ST-ZIP	
TITLE NAME	NAME NAME		TITLE NAME	NAME NAME	
STREET ADDRESS STREET ADDRESS	STREET ADDRESS STREET ADDRESS		STREET ADDRESS STREET ADDRESS	STREET ADDRESS STREET ADDRESS	
CITY-ST-ZIP CITY-ST-ZIP	CITY-ST-ZIP CITY-ST-ZIP		CITY-ST-ZIP CITY-ST-ZIP	CITY-ST-ZIP CITY-ST-ZIP	
TITLE NAME	NAME NAME		TITLE NAME	NAME NAME	
STREET ADDRESS STREET ADDRESS	STREET ADDRESS STREET ADDRESS		STREET ADDRESS STREET ADDRESS	STREET ADDRESS STREET ADDRESS	
CITY-ST-ZIP CITY-ST-ZIP	CITY-ST-ZIP CITY-ST-ZIP		CITY-ST-ZIP CITY-ST-ZIP	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 attachment with an address, with all other like empowered.					
SIGNATURE:			SCOTT WALDON (Pres) 4/23/04 863 855 3188		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		