


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan. 27, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000093964**  
 1. Entity Name  
**ROOFER'S CHOICE EQUIPMENT, INC.**



Principal Place of Business      Mailing Address  
**541710 US HWY 1**      **PO BOX 973**  
**HILLARD FL 32046**      **HILLARD FL 32046**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc      Suite, Apt. #, etc

City & State      City & State

Zip      Country      Zip      Country

6. Name and Address of Current Registered Agent

**DALE, HOWARD L**  
**DALE BALD SHOWALTER & MERCIER PA**  
**200 W FORSYTH STE 1100**  
**JACKSONVILLE FL 32202-4308**



MOORE      CR2E034 (11/03)

4. FEI Number **59-3607692**      Applied For Not Applicable

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

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

B. 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)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	MOSES, CLAUDETTE A	
STREET ADDRESS	PO BOX 973	
CITY-ST-ZIP	HILLIARD FL 32046	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MCKINNON, JOHN P	
STREET ADDRESS	PO BOX 973	
CITY-ST-ZIP	HILLIARD FL 32046	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS	00000014646	
CITY-ST-ZIP	01/27/04-80031-005 150.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
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 changed, or on an attachment with an address, with all other like empowered

**SIGNATURE:** *Claudette A. Moses*      **CLAUDETTE A. MOSES**      1-22-04      904 245-2600