


**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 14, 2005 8:00 am**  
**Secretary of State**

02-14-2005 90060 042 \*\*\*150.00


**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  
**552035 US HWY 1 N**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**HILLIARD**  
 Zip      Country      Zip      Country  
**FLORIDA**      **USA**



1st MOORE      CR2E034 (10/04)

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

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

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**

7. Name and Address of New Registered Agent  
 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)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 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	HILLARD 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	
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"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLAUDETTE A. MOSES      Date: 2-7-05      Daytime Phone #: 904 845 2600