2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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DOCUMENT # S17117 1. Entity Name							Feb 09, 2004 08:00 AM Secretary of State				
MR. ROOFER OF PINELLAS, INC.											
Principal Plac	e of Busines	s	Mailin	g Address			7				
6270 118TH AVE. N.				PO BOX 2331			}				
#17 LARGO FL 33773 US				PINELLAS PARK FL 33780 US							
2. Principal Place of Business				3. Mailing Address							
Suite, Apt. #, etc City & State			<u> </u>	Suite, Apt. #, etc. City & State			4 5	MOORE El Number		34 (11/03)	polied For
			- Vary					59-30387	49		ot Applicable
Zφ	Country 6. Name and Address of Current F			Zip Co.		itry	Certificate of Status Desired Sa.75 Addit Fee Required Name and Address of New Registered Agent				
	and Address of Curren		Name	7. N	iame and Address of Ne	v Hegistere	a Agent				
841	DLI, SEBA 3 JACAR 3GO FL 3	ANDA AVE.				Street Address (P.O. Box Number is Not Acceptable)					
LA!	ido i L 3										
						City			F	L Zip Cor	de
	named entitions of regis		for the purp	ose of changing its	register	ed office or registe	ered age	ent, or both, in the State of	Florida, 1 a	n familiar with	, and accept
SIGNATURE.	Signature, typed	or preted game of registered age	nt and title if app	clicable. (NOT	E Registere	d Agent signature require	ad When re	instating)	DATE		
Afte	r May 1, 20	!! FEE IS \$150.00 04 Fee will be \$550.00						Election Campaign Trust Fund Contribu	_	\$5.0	30 May Be of to Fees
· · · · · · · · · · · · · · · · · · ·	K Payable to	Florida Department									
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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: SIGNATURE: Aug. FARY & PORTER 2-4-04 727-545-9394											
		SIGNATURE AND THE OF	PRINTED NA	TE OF SIGNING OFFICER	OR CHREC	TOR		Date		Davume Phone #	

FILED