


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 23, 2004 8:00 am**  
**Secretary of State**

02-23-2004 90018 015 \*\*\*150.00

<b>DOCUMENT # S41092</b> 1. Entity Name <b>MARK KAUFMAN ROOFING CONTRACTOR, INC.</b>					
Principal Place of Business <b>1360 ADALIA TERRACE PORT CHARLOTTE FL 33953 US</b>			Mailing Address <b>1360 ADALIA TERRACE PORT CHARLOTTE FL 33953 US</b>		
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			7. Name and Address of New Registered Agent		
<b>KAUFMAN, MARK 1360 ADALIA TERRACE PORT CHARLOTTE FL 33953</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P <input type="checkbox"/> Delete		TITLE	P/V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	KAUFMAN, MARK		NAME		
STREET ADDRESS	1360 ADALIA TERRACE		STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE FL 33953		CITY-ST-ZIP		
TITLE	V <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STEFFEN, RAYMOND		NAME		
STREET ADDRESS	80 ELM ST		STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD FL 34223		CITY-ST-ZIP		
TITLE	S <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DEAO, PAUL B.		NAME		
STREET ADDRESS	821 COCONUT ROAD		STREET ADDRESS		
CITY-ST-ZIP	VENICE FL 34293		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	S/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	KAUFMAN, DORIS E.	
STREET ADDRESS			STREET ADDRESS	1360 ADALIA TERRACE	
CITY-ST-ZIP			CITY-ST-ZIP	PORT CHARLOTTE, FL 33953	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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.					
<b>SIGNATURE:</b> <i>Mark Kaufman</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Mark Kaufman		2/3/04
			941-624-4636 <small>Daytime Phone #</small>		