

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S44010

Entity Name: KOBACKS ROOFING, INC.

FILED
Apr 17, 2005
Secretary of State

Current Principal Place of Business:

3600 BOCA RATON BLVD., N.W., STE. 21
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

681 HARBOUR DR.
BOCA RATON, FL 33431

New Mailing Address:

FEI Number: 65-0253322 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOBACK, GARRY M
3600 BOCA RATON BLVD., N.W., STE. 21
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTSD () Delete
Name: KOBACK, GARRY
Address: 681 HARBOUR DR.
City-St-Zip: BOCA RATON, FL 33431

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTSD (X) Change () Addition
Name: KOBACK, GARRY
Address: 681 HARBOUR DR.
City-St-Zip: BOCA RATON, FL 33431 US

Title: D () Change (X) Addition
Name: EBER, JOSEPH W
Address: 9863 SPANISH ISLES DRIVE
City-St-Zip: BOCA RATON, FL 33496 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARRY KOBACK

P

04/17/2005

Electronic Signature of Signing Officer or Director

_____ Date