

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S76627

FILED
Aug 09, 2004
Secretary of State

Entity Name: MUELLER ROOFING, INC.

Current Principal Place of Business:

1403 S. PATRICK DR., #20
INDIAN HARBOUR BEACH, FL 32937

New Principal Place of Business:

Current Mailing Address:

1403 S. PATRICK DR., #20
INDIAN HARBOUR BEACH, FL 32937

New Mailing Address:

FEI Number: 59-3097718

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MUELLER, STANLEY J
1403 S PATRICK DR #20
INDIAN HARBOR, FL 32937 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: MUELLER, STANLEY J
Address: 335 GRANT AVE
City-St-Zip: SATELLITE BCH, FL

Title: VPOM () Delete
Name: HENDRICKSON, CONRAD
Address: 2514 ANDREWS AVENUE
City-St-Zip: MELBOURNE, FL 32935

Title: VP () Delete
Name: ROBINSON, RONALD
Address: 100 FELL ST SE
City-St-Zip: PALM BAY, FL 32909

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPM (X) Change () Addition
Name: PERRY, SAMMY GLENN
Address: 1135 N. WICKHAM RD #134
City-St-Zip: MELBOURNE, FL 32935

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: STANLEY J. MUELLER

PSTD

08/09/2004

Electronic Signature of Signing Officer or Director

Date