2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Feb 16, 2004 08:00 AM **Secretary of State DOCUMENT # S88159 BOCA RATON ROOFING COMPANY** Principal Place of Business Mailing Address P.O. BOX 370 P.O. BOX 370 DELRAY BEACH, FL 33447 DELRAY BEACH, FL 33447 02092004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0326843 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П 6. Name and Address of Current Registered Agent MCDONALD, ROBERT J. DO NOT WRITE 140 N.W. 18TH AVENUE DELRAY BEACH, FL 33444 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, of both, in the State of Florida | I am familiar with, and accept the obligations of registered agent. SIGNATURE. DATÉ (NOTE. Registered Agent signature required when reinstating) 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE U000000054576 NAME MCDONALD, ROBERT J. 02/17/04-80002-004 150.00 STREET ADDRESS 140 NW 18 AVE CITY - ST - ZIP DELRAY BEACH, FL 33444 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET AUDRESS DO NOT WRITE CHY-ST-ZIP IN THIS SPACE NAME STREET AUDRESS CITY - ST - ZIP NAME STREET ADDRESS CHY-ST ZIP TITLE NAME STREET ADDRESS CHY-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 1 further certify that the information indicated on this report or supplemental report is true and accurate and that my supplemental report is true and accurate and that my supplemental report or trustee empowered to execute this report as required by Shapter 607. Florida Statutes, and that my name appears in Block 10 or Block 11 if

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