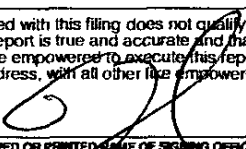


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90001 016 ***150.00

DOCUMENT # V74057 1. Entity Name J.A. TAYLOR ROOFING, INC.					
Principal Place of Business 302 MELTON DRIVE FT PIERCE, FL 34982 US			Mailing Address 302 MELTON DRIVE FT PIERCE, FL 34982 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 64-0441206	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TAYLOR, JAMES A. SR. 700 FRENCH CREEK LN FT PIERCE, FL 34982				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, JAMES A., SR. 700 FRENCH CREEK LN FT PIERCE, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Taylor, James A. Sr 700 French Cr. Ln Ft. Pierce, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST TAYLOR, PATRICIA 700 FRENCH CREEK LN FT PIERCE, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TAYLOR, STEVEN K 700 FRENCH CREEK LN FT. PIERCE, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TAYLOR, CHAD 700 FRENCH CREEK LN FT. PIERCE, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAGER, TERRY J. 3505 QUAIL MEADOW TR UNIT C PALM CITY, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date 3-25-04 Daytime Phone #					