


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 05, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P93000071430**

1. Entity Name  
**AABCO ROOFING, INC.**



Principal Place of Business  
**1303 SW 1 WAY**  
**DEERFIELD BEACH, FL 33441 US**

Mailing Address  
**1303 SW 1 WAY**  
**DEERFIELD BEACH, FL 33441 US**

**DO NOT WRITE IN THIS SPACE**



06302005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0441989**

Applied For  
 Not Applicable

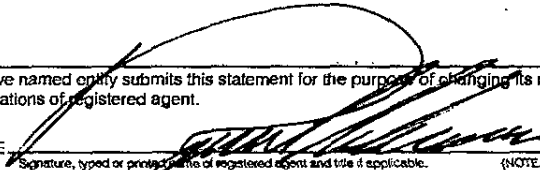
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SLATKIN, SHELDON T**  
**8900 WEST SAMPLE ROAD**  
**CORAL SPRINGS, FL 33065**

**DO NOT WRITE IN THIS SPACE**

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:  DATE: **6/30/05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

**FILE NOW!!! FEE IS \$350.00**  
**Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAMULARO, RAYMOND 1303 S.W. 1 WAY DEERFIELD BEACH, FL 33441
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U00000370447  
 07/05/05-80018-004 550.00

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 empowerments.

SIGNATURE:  DATE: **6/30/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR