


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # 237228			
1. Entity Name BANDY LIGHTWEIGHT ROOFING & SUPPLY, INCORPORATED			
Principal Place of Business 116 N. SEWALLS PT. RD. STUART 34996		Mailing Address 116 N. SEWALLS PT. RD. STUART FL 34996 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E034 (11/03)

4. FEI Number 59-0882449	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BESSEMER, E. MAXINE 116 N. SEWALLS PT. RD. STUART FL 34996		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P O. Box Number is Not Acceptable)		Street Address (P O. Box Number is Not Acceptable)	
City		City	Zip Code

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 _____
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
Make Check Payable to Florida Department of State

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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BESSEMER, WILLIAM J	NAME	
STREET ADDRESS	116 N. SEWALLS PT. RD.	STREET ADDRESS	
CITY-ST-ZIP	STUART FL 34996	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BESSEMER, WILLIAM J	NAME	
STREET ADDRESS	116 N. SEWALLS PT. RD.	STREET ADDRESS	
CITY-ST-ZIP	STUART FL 34996	CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIRKBRIDE, TAMARA A	NAME	
STREET ADDRESS	2614 NEPALM AVE	STREET ADDRESS	
CITY-ST-ZIP	JENSEN BEACH FL 34957	CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BESSEMER, W KIM B	NAME	
STREET ADDRESS	1103 TILTON RD	STREET ADDRESS	
CITY-ST-ZIP	PORT ST LUICE, FL 00000 34952	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BESSEMER, MAXINE	NAME	
STREET ADDRESS	116 N. SEWALLS PT. RD.	STREET ADDRESS	
CITY-ST-ZIP	STUART FL 34952	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-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)(f), 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: *W. Kim Bessemer* **W. Kim Bessemer** 1/26/04 772-220-1244
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #