

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

DOCUMENT # M76490					
1. Entity Name J & B ROOFING, INC.					
Principal Place of Business % CONNIE E. SCHUTTE 11680 90TH STREET N. LARGO FL 34643			Mailing Address % CONNIE E. SCHUTTE 11680 90TH STREET N. LARGO FL 34643		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt #, etc.			Suite, Apt #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2873295	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SCHUTTE, CONNIE E. 11680 90TH STREET N. LARGO FL 34643				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting) DATE _____					
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					
TITLE	P	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	SCHUTTE, JON B.		NAME		
STREET ADDRESS	11680 90TH ST. N.		STREET ADDRESS		
CITY-ST-ZIP	LARGO FL		CITY-ST-ZIP		
TITLE	S	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	SCHUTTE, CONNIE E.		NAME		
STREET ADDRESS	11680 90TH ST. N.		STREET ADDRESS		
CITY-ST-ZIP	LARGO FL		CITY-ST-ZIP		
TITLE	S	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	SCHUTTE, SAMANTHA		NAME		
STREET ADDRESS	11680 90 ST. N.		STREET ADDRESS		
CITY-ST-ZIP	LARGO FL 33773		CITY-ST-ZIP		
TITLE	S	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	SCHUTTE, JANIE		NAME		
STREET ADDRESS	11680 90 ST. N.		STREET ADDRESS		
CITY-ST-ZIP	LARGO FL 33773		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	SCHUTTE, JEFF		NAME		
STREET ADDRESS	11680 90 ST. N		STREET ADDRESS		
CITY-ST-ZIP	LARGO FL 33773		CITY-ST-ZIP		
TITLE	S	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	SCHUTTE, JON C		NAME		
STREET ADDRESS	11680 90 ST N		STREET ADDRESS		
CITY-ST-ZIP	LARGO FL 33773		CITY-ST-ZIP		



MOORE CR2E034 (11/03)

4. FEI Number **59-2873295**

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

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ **FL** Zip Code _____

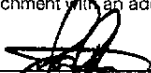
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting) DATE _____

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	P	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	SCHUTTE, JON B.		NAME		
STREET ADDRESS	11680 90TH ST. N.		STREET ADDRESS		
CITY-ST-ZIP	LARGO FL		CITY-ST-ZIP		
TITLE	S	☐ Delete	TITLE	☐ Change	☐ Addition
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CITY-ST-ZIP	LARGO FL 33773		CITY-ST-ZIP		
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CITY-ST-ZIP	LARGO FL 33773		CITY-ST-ZIP		
TITLE	S	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	SCHUTTE, JON C		NAME		
STREET ADDRESS	11680 90 ST N		STREET ADDRESS		
CITY-ST-ZIP	LARGO FL 33773		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)(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:  **Jon B. Schutte** **PRESIDENT** **2-01-04** **727-397-4702**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #