

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2004 08:00 AM
Secretary of State

DOCUMENT # P02496

1. Entity Name
 HOLLIS ROOFING, INC.



Principal Place of Business
 213 CONWAY DR
 COLUMBUS, MS 39702 US

Mailing Address
 P.O. BOX 2229
 COLUMBUS, MS 39704



07012004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 64-0587861 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION, FL 33324

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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 reinstating) DATE

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HOLLIS, JOE D.
STREET ADDRESS	213 CONWAY DRIVE
CITY - ST - ZIP	COLUMBUS, MS
TITLE	STD
NAME	HOLLIS, KAREN B.
STREET ADDRESS	213 CONWAY DRIVE
CITY - ST - ZIP	COLUMBUS, MS
TITLE	VD
NAME	GARNER, RICHARD L.
STREET ADDRESS	231 CONWAY DRIVE
CITY - ST - ZIP	COLUMBUS, MS
TITLE	V
NAME	HOLLIS, J.BRIAN
STREET ADDRESS	213 CONWAY DR
CITY - ST - ZIP	COLUMBUS, MS 39702
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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: *Karen Hollis* *Karen Hollis* 7/1/04 662-327-4590
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #