

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)


03-10-2004 90028 025 \*\*\*150.00  
P03000129151

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 JUL 27 PM 4:09

**DOCUMENT # P03000129151**

1. Entity Name  
**KENNETH JACKSON ROOFING INC.**



Principal Place of Business      Mailing Address  
**114 TWIN OAK DR**      **114 TWIN OAK DR**  
**CRESTVIEW FL 32536**      **CRESTVIEW FL 32536**

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  
**01-0802350**      Applied For  
Not Applicable

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



MOORE CR2E034 (11/03)

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**JACKSON, KENNETH**  
**114 TWIN OAK DR**  
**CRESTVIEW FL 32536**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

B. 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 reconstituting)

**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	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>JACKSON, KENNETH</b>
STREET ADDRESS	<b>114 TWIN OAK DR</b>
CITY - ST - ZIP	<b>CRESTVIEW FL 32536</b>
TITLE	<b>V</b> <input type="checkbox"/> Delete
NAME	<b>WALTMAN, LAMAR</b>
STREET ADDRESS	<b>440 SMITH RD</b>
CITY - ST - ZIP	<b>DEFUNIAK SPRINGS FL 32433</b>
TITLE	<b>T</b> <input type="checkbox"/> Delete
NAME	<b>KING, JERRY</b>
STREET ADDRESS	<b>5411 JOSH DR</b>
CITY - ST - ZIP	<b>CRESTVIEW FL 32536</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY - ST - ZIP	
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STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:** Kenneth Jackson      **Kenneth Jackson**      3-5-2004  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #