

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90041 039 ***158.75

DOCUMENT # P03000130524

1. Entity Name

ADVANCED ROOFING SYSTEMS, INC.



Principal Place of Business

475 MADISON AVENUE
ORANGE PARK FL 32065
US

Mailing Address

475 MADISON AVENUE
ORANGE PARK FL 32065
US

94026511



MOORE

CR2E034 (11/03)

2. Principal Place of Business

475 Madison Ave.

Suite, Apt. #, etc.

3. Mailing Address

475 Madison Ave.

Suite, Apt. #, etc.

Orange Park, FL

City & State

Orange Park, FL

City & State

Orange Park, FL

Zip

32065

Country

USA

Zip

32065

Country

USA

4. FEI Number

20-0371798

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CONNER, STEVEN W
1106 PARK AVENUE
ORANGE PARK FL 32073

7. Name and Address of New Registered Agent

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 reinstating)

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
NAME BOUSCHER, STEVEN
STREET ADDRESS 475 MADISON AVENUE
CITY-ST-ZIP ORANGE PARK FL 32065 ☐ Delete

TITLE VP
NAME BOUSCHER, KELLY
STREET ADDRESS 475 MADISON AVENUE
CITY-ST-ZIP ORANGE PARK FL 32065 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: Steven Bouscher Steven Bouscher 3/1/04 904-276-0150
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #