


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

03-09-2004 90041 009 ***158.75

DOCUMENT # P98000094121

1: Entity Name
A & A ROOFING OF NORTHWEST FLORIDA, INC.



Principal Place of Business Mailing Address

6446 HWY 77 **6446 HWY 77**
SOUTHPORT FL 32409 **SOUTHPORT FL 32409**
US **US**

03090016



2. Principal Place of Business 3. Mailing Address

A & A ROOFING OF NW FL INC. **A & A ROOFING OF NW FL INC.**

Suite, Apt. #, etc. Suite, Apt. #, etc.

215 Business Park Drive **215 Business Park Drive**

MOORE CR2E034 (11/03)

City & State City & State

Lynn Haven, FL **Lynn Haven, FL**

Zip Country Zip Country

32444 **Bay** **32444** **BAY**

4. FEI Number Applied For

59-3542280 Not Applicable

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

6. Name and Address of Current Registered Agent

NABORS, SCOTT R
456 HARRISON AVE.
PANAMA CITY FL 32401

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 _____ 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO ANDREWS, GORDON 415 MINNESOTA AVE LYNN HAVEN FL 32444 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MOORE, AARON 709 S HWY 22A PARKER FL 32404 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PARMER, RUSSELL P.O BOX 6192 TALLAHASSEE FL 32314-6192 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO ANDREWS, GORDON 200 Montana Avenue Lynn Haven, FL 32444 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <small>← address</small>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Freddie Pitts 116 Hitchcock Rd. Southport, FL 32409 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Pamela E. Andrews 200 Montana Avenue Lynn Haven, FL 32444 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> 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: *Gordon A. Andrews* **Gordon A. Andrews** 1-25-04 850-814-0485

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