

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90041 042 ***158.75

DOCUMENT # 233065

1. Entity Name

RITE-WAY ROOFING AND SIDING CO



Principal Place of Business

4736 HAINES RD
ST PETERSBURG FL 33714

1037 35th AVE NO
ST PETERSBURG, FL 33704

Mailing Address

4736 HAINES RD
ST PETERSBURG FL 33714

1037 35th AVE NO
ST PETERSBURG, FL 33704

2. Principal Place of Business

1037 35th AVE NO

3. Mailing Address

1037 35th AVE NO

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
ST PETERSBURG, FL 33704

City & State
ST PETERSBURG, FL 33704

4. FEI Number
59-0919291

Applied For
Not Applicable

Zip
33704

Country
PINELLAS

Zip
33704

Country
PINELLAS

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

ZDZISLAW, MIKOLAJCZAK
~~1759 12TH AVE N~~
~~ST PETERSBURG FL 33713~~
1037 35th AVE NO
ST PETERSBURG, FL 33704

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 *Zdzislaw Mikolajczak*

ZDZISLAW MIKOLAJCZAK

2/10/04

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME MIKOLAJCZAK, ZDZISLAW A
STREET ADDRESS ~~1759 12TH AVE N~~ 1037 35th AVE NO
CITY-ST-ZIP ST. PETERSBURG FL ~~33713~~ 33704

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

TITLE V ☒ Delete
NAME MCCARTY, MARC E
STREET ADDRESS 3589 50TH AVENUE NORTH
CITY-ST-ZIP SAINT PETERSBURG FL 33714

TITLE V ☒ Change ☐ Addition
NAME SIMAJCHEL, GREG
STREET ADDRESS 3518 14th ST NO
CITY-ST-ZIP ST PETERSBURG, FL 33704

TITLE ST ☐ Delete
NAME MIKOLAJCZAK, SUSAN T
STREET ADDRESS ~~1759 12TH AVE N~~ 1037 35th AVE NO
CITY-ST-ZIP ST PETERSBURG FL ~~33713~~ 33704

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

TITLE V ☐ Delete
NAME KEIM, RANDY J
STREET ADDRESS 5436 43RD STREET NORTH
CITY-ST-ZIP SAINT PETERSBURG FL 33714

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 *Zdzislaw Mikolajczak* ZDZISLAW MIKOLAJCZAK

2/10/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #