

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90129 033 \*\*\*158.75

**DOCUMENT # 233065**

1. Entity Name

**RITE-WAY ROOFING AND SIDING CO**



Principal Place of Business

**1037 35TH AVE. NO.  
SAINT PETERSBURG FL 33704**

Mailing Address

**1037 35TH AVE. NO.  
SAINT PETERSBURG FL 33704**

2. Principal Place of Business

**1037 35TH AVENUE N.**

Suite, Apt. #, etc.

3. Mailing Address

**1037 35TH AVENUE N.**

Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/04)

City & State

**ST. PETERSBURG, FL**

Zip

**33704**

Country

**PINELLAS**

City & State

**ST. PETERSBURG, FL**

Zip

**33704**

Country

**PINELLAS**

4. FEI Number

**59-0919291**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**ZDZISLAW, MIKOLAJCZAK  
1037 35TH AVE. NO.  
SAINT PETERSBURG FL 33704**

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4/4/05**  
DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 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	PD	<input type="checkbox"/> Delete
NAME	MIKOLAJCZAK, ZDZISLAW A	
STREET ADDRESS	1037 35TH AVE. NO.	
CITY-ST-ZIP	SAINT PETERSBURG FL 33704	
TITLE	V	<input type="checkbox"/> Delete
NAME	SIMAJCHEL, GREG	
STREET ADDRESS	3518 14TH ST. NO.	
CITY-ST-ZIP	SAINT PETERSBURG FL 33704	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MIKOLAJCZAK, SUSAN T	
STREET ADDRESS	1037 35TH AVE. NO.	
CITY-ST-ZIP	SAINT PETERSBURG FL 33704	
TITLE	V	<input type="checkbox"/> Delete
NAME	KEIM, RANDY J	
STREET ADDRESS	5436 43RD STREET NORTH	
CITY-ST-ZIP	SAINT PETERSBURG FL 33714	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #