

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 315010

1. Entity Name
COLLIER COUNTY ROOFING CORP



Principal Place of Business
3927 EXCHANGE AVE.
NAPLES, FL 34104

Mailing Address
3927 EXCHANGE AVE.
NAPLES, FL 34104

34104 - 3737

FILED
04 JUN 14 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



06042004 No Chg-P CR2E034 (10/03)

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4. FEI Number
59-1164505
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GREGORY, DANIEL
3927 EXCHANGE AVE.
NAPLES, FL 34104

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IN THIS SPACE**

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, 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
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD
NAME PREWITT, ARTHUR J.
STREET ADDRESS 5161 1ST AVENUE N.W.
CITY-ST-ZIP NAPLES, FL

TITLE VP
NAME DOLL, PHILLIP E
STREET ADDRESS 3927 EXCHANGE AVE.
CITY-ST-ZIP NAPLES, FL

TITLE VP
NAME DOLL, ROBERT D
STREET ADDRESS 3927 EXCHANGE AVENUE
CITY-ST-ZIP NAPLES, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Arthur Prewitt, Pres., 6-4-04 (239) 6437663

Date

Daytime Phone #