

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90485 001 ***150.00

DOCUMENT # 473418

1. Entity Name
SUNCOAST ROOFERS SUPPLY, INC.



Principal Place of Business
**14212 N. NEBRASKA AVENUE
TAMPA, FL 33613 US**

Mailing Address
**14212 N. NEBRASKA AVENUE
TAMPA, FL 33613 US**

94066300



04212004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1583243

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**TAMAYO, WILLIAM
14212 N. NEBRASKA AVENUE
TAMPA, FL 33613**

**DO NOT WRITE
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. 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**

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
**P
TAMAYO, WILLIAM
14212 N. NEBRASKA AVENUE
TAMPA, FL 33613**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
GREGORY, ROWLAND E JR.
14212 N. NEBRASKA AVENUE
TAMPA, FL 33613**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
MCNERNEY, ANDREW
14212 N. NEBRASKA AVENUE
TAMPA, FL 33613**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
WALKER, THOMAS
14212 N. NEBRASKA AVENUE
TAMPA, FL 33613**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM TAMAYO

4/24/4

Date

813 383 0050

Daytime Phone #