2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 484514

Entity Name

GUY BROTHER'S ROOFING, INC.



FILED
May 03, 2004 08:00 AM
Secretary of State

Principal Place of Business

218 HEWITT STREET P.O. BOX 17839

P.O. BOX 17839 PENSACOLA, FL 32522 US Mailing Address P.O. BOX 17839

PENSACOLA, FL 32505-5803 US

DO NOT WRITE IN THIS SPACE



04282004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1648158

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GUY, RONALD T. 2219 W JORDON ST. PENSACOLA, FL 32505

DO NOT WRITE IN THIS SPACE

				IIN	I NIS SPACE	
	named entity submits this statement for the ρ ions of registered agent.	ourpose of changing its registe	ered office or re	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accep	
SIGNATURE	Signature, typed or printed name of registered agent and title	# applicable (NOTE: Registe	ered Agent signaturë	required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees				
10.	OFFICERS AND DIREC	CTORS	1			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GUY, RONALD T 8037 VIRGINIA WAY MILTON, FL					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GUY, MICHAEL F 5659 CULPPER CR PACE, FL 00000,			DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME						

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:

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS City-St-Zip

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