2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 22, 2004 8:00 am Secretary of State **DOCUMENT # 491395** 1. Entity Name 03-22-2004 90092 036 ***150 00 WILLIAM SAMUELS APPROVED ROOFING, INC. Principal Place of Business Mailing Address 1209 44TH AVENUE E. 1209 44TH AVENUE E. 24021210 **BRADENTON FL 34203 BRADENTON FL 34203** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State Applied For 4. FEI Number 59-1625508 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Glasgow, Loyd H. SAMUELS, WILLIAM F. Street Address (P.O. Box Number is Not Acceptable) 1209 44th Ave. East 1209 44TH AVENUE E. **BRADENTON FL 34203** Bradenton. 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. Gladys Sturz S/T (NOTE. Registered Agent signature required when reinstating) Signature, typed or panted name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. mu Pres. Change **KX**Delete MLE Glasgow, Loyd H. 1209 44th Ave. East Addition NAME SAMUELS, WILLIAM F. NAME Bradenton, Florida STREET ADDRESS 1209 44TH AVENUE E. STREET ADDRESS 34203 CITY-ST-ZIP **BRADENTON FL** CITY-ST-ZIP TITLE V Delete Samuels, Alan ☐ Change Addition TITLE NAME GLASGOW, LOYD N. MAME 3703 72nd Ave. Cir. East 1209 44TH AVENUE E. STREET ADDRESS STREET ADDRESS Sarasota, Fl 34243 **BRADENTON FL** CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE S/T Change Addition Sturz, Gladys NAME NAME 908 Danny Drive STREET ADDRESS STREET ADDRESS Sarasota, Fl 34243 CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

Gladys Sturz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

2/17/04

Daytime Phone #

FILED