

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 577835

1. Entity Name
WILLIAMS ROOFING, INC.



FILED
Jan 31, 2004 08:00 AM
Secretary of State

Principal Place of Business
1790 HARLOCK RD
MELBOURNE, FL 32934

Mailing Address
1790 HARLOCK RD
MELBOURNE, FL 32934



01292004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1829490

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WILLIAMS, DAVID
1790 HARLOCK ROAD
MELBOURNE, FL 32934

**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 re/instating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

☒ Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LOCKHART, URIS 1550 LUCKY ST PALM BAY, FL 32907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT WILLIAMS, DAVID 1550 HOLLIS COURT PALM BAY, FL 32907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILLIAMS, DARRYL 823 ORANGE STREET MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 like empowered.

SIGNATURE:

U/P

1/29/04

321-254-0647

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #