

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 07, 2005 8:00 am**  
**Secretary of State**

**DOCUMENT # 577835**

1. Entity Name

**WILLIAMS ROOFING, INC.**



Principal Place of Business

**1790 HARLOCK RD  
MELBOURNE FL 32934**

Mailing Address

**1790 HARLOCK RD  
MELBOURNE FL 32934**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

**DEPARTMENT OF STATE**

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**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **VP** ☐ Delete  
NAME **LOCKHART, URIS**  
STREET ADDRESS **1550 LUCKY ST**  
CITY-STATE-ZIP **PALM BAY FL 32907**

TITLE **PT** ☐ Delete  
NAME **WILLIAMS, DAVID**  
STREET ADDRESS **1550 HOLLIS COURT**  
CITY-STATE-ZIP **PALM BAY FL 32907**

TITLE **S** ☒ Delete  
NAME **WILLIAMS, DARRYL**  
STREET ADDRESS **823 ORANGE STREET**  
CITY-STATE-ZIP **MELBOURNE FL 32935**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE **S** ☒ Change ☐ Addition  
NAME **Jason Williams**  
STREET ADDRESS **2927 N.W. GORDON RD.**  
CITY-STATE-ZIP **Palm Bay, Florida 32907**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-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.

SIGNATURE:

**URIS LOCKHART**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/28/05**

Date

**321-254-0647**

Daytime Phone #