

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90417 018 ***150.00

DOCUMENT # 619258

1. Entity Name
SMITH ROOFING, INC.



Principal Place of Business
**9609 HIDDEN OAK CIRCLE
TAMPA, FL 33612**

Mailing Address
**9609 HIDDEN OAK CIRCLE
TAMPA, FL 33612**

44031433



DO NOT WRITE IN THIS SPACE

02292004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1903073

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SMITH, GARY JAMES
9609 HIDDEN OAKS CIRCLE
TAMPA, FL 33612-7813**

**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 PD
NAME SMITH, GARY JAMES
STREET ADDRESS 9609 HIDDEN OAKS CIRCLE
CITY - ST - ZIP TAMPA, FL

TITLE SD
NAME SMITH, LINDA GAIL
STREET ADDRESS 9609 HIDDEN OAKS CIRCLE
CITY - ST - ZIP TAMPA, FL

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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: *Gary J. Smith* **Gary J. Smith Owner**

4/16/04 (813) 932-1127

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #