

2003

~~2004~~ FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jun 01, 2004 08:00 AM
Secretary of State

DOCUMENT # F03000004807

1. Entity Name
INTERSTATE CONSOLIDATED ROOFING
INCORPORATED



Principal Place of Business

5009 HIGHWAY 5
DOUGLASVILLE, GA 30135-5319

Mailing Address

5009 HIGHWAY 5
DOUGLASVILLE, GA 30135-5319

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05062004 No Chg-P CR2E034 (10/03)

4. FEI Number
58-2211685

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RON BELL, INC.
3380 N. OLD DIXIE HIGHWAY
DELRAY BEACH, FL 33483

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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
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	JONES, ANTHONY C
STREET ADDRESS	5009 HIGHWAY 5
CITY - ST - ZIP	DOUGLASVILLE, GA 301355319
TITLE	S
NAME	HENRY, DAVID M JR
STREET ADDRESS	5968 HILLTOP DR.
CITY - ST - ZIP	DOUGLASVILLE, GA 301355319
TITLE	T
NAME	JONES, ANTHONY C
STREET ADDRESS	5009 HIGHWAY 5
CITY - ST - ZIP	DOUGLASVILLE, GA 301355319
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/4/2004

Date

770-577-8866

Daytime Phone #