


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2004 08:00 AM
Secretary of State

DOCUMENT # G92888 1. Entity Name H & C ROOFING, INC.		
Principal Place of Business 432 WARREN AVENUE NEW SMYRNA BEACH, FL 32168	Mailing Address 432 WARREN AVENUE NEW SMYRNA BEACH, FL 32168	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent POWERS, HERSEL C 432 WARREN AVENUE NEW SMYRNA BEACH, FL 32168		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		1100000105636 04/07/04-80033-018 150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS POWERS, ROBERT 436 WARREN NEW SMYRNA BEACH, FL 32168	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT POWERS, HERSEL C 432 WARREN AVENUE NEW SMYRNA BEACH, FL	
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)(f), 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>Robert Powers</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4-2-03 Date Daytime Phone #