

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 01, 2005 8:00 am
Secretary of State

02-01-2005 90032 044 ***150.00

DOCUMENT # H19016

1. Entity Name

SAFETYWAY ROOFING, INC.



Principal Place of Business

**18407 LANSFORD DR
HUDSON FL 34667**

Mailing Address

**18407 LANSFORD DR
HUDSON FL 34667**

30003400

2. Principal Place of Business

3. Mailing Address



1st MOORE

CR2E034 (10/04)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2569737

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BLISS, GAIL M
18407 LANSFORD DRIVE
HUDSON FL 34667**

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

Gail M Bliss

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1/25/2005
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 BLISS, EARL J.
STREET ADDRESS 18407 LANDSDORD DRIVE
CITY-ST-ZIP HUDSON FL 34667

TITLE P ☐ Delete
NAME BLISS, GAIL M.
STREET ADDRESS 18407 LANDFORD DRIVE
CITY-ST-ZIP HUDSON FL 34667

TITLE V ☐ Delete
NAME WICKSTROM, KIMBERLY M
STREET ADDRESS 18349 MONTOUR DRIVE
CITY-ST-ZIP HUDSON FL 34667

TITLE T ☐ Delete
NAME WICKSTROM, ERIC
STREET ADDRESS 18349 MONTOUR DRIVE
CITY-ST-ZIP HUDSON FL 34667

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE *Trustee* ☒ Change ☐ Addition
NAME *BLISS EARL J*
STREET ADDRESS *18407 LANDSFORD DR*
CITY-ST-ZIP *HUDSON FL 34668*

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

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-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:

Gail M Bliss **GAIL M Bliss**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/25/2005

Daytime Phone #

727 843-0016