


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2004 08:00 AM
Secretary of State

DOCUMENT # H25739 1. Entity Name SANDERS ROOFING & SHEET METAL, INC.	
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Principal Place of Business 150 TAYLOR STREET PO BOX 426 OCOE, FL 34761 US	Mailing Address 150 TAYLOR STREET PO BOX 426 OCOE, FL 34761 US
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DO NOT WRITE IN THIS SPACE



02242004 No Chg-P CR2E034 (10/03)

4. FBI Number 59-2471191	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SINES, HENRY W 800 SW DILLARD ST WINTER GARDEN, FL 34787
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**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</small>	(NOTE: Registered Agent signature required when reinstalling)	DATE _____
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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	U00000077100 03/05/04-80028-018 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPT SANDERS, CLIFFORD A. 603 SANDERS DRIVE OCOE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVS SANDERS, JEFFERY T. 700 PINE STREET OCOE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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)(b), 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:  Jeffery T Sanders DVS 3/2/04 407-656-3396	<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Daytime Phone #</small>
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