

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2008 8:00 am
Secretary of State

02-20-2008 90005 040 ***150.00

DOCUMENT # H50016

1. Entity Name
TOM JOYCE ROOFING, INC.



Principal Place of Business
**4079 KENNETT STREET
NORTH PORT, FL 34288**

Mailing Address
**4079 KENNETT STREET
NORTH PORT, FL 34288**

40028514



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01312008

Chg-P

CR2E034 (12/06)

4. FEI Number
59-2509464

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**JOYCE, JAMES G.
4079 KENNETT STREET
NORTH PORT, FL 34288**

7. Name and Address of New Registered Agent

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

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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPVP JOYCE, JAMES G. 4079 KENNETT ST NORTH PORT, FL 34286	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

JAMES JOYCE

✓ 2 16 09

Date

Daytime Phone #

JIM TODORA, MAI, CAE
SARASOTA COUNTY PROPERTY APPRAISER
2001 ADAMS LANE
SARASOTA, FL 34237-7090

ATTACHMENT

H50016

40028514

TAX CD: 0500 TER: 300
SITUS: 4079 KENNETT ST
REAL ID: 1143-07-2474
CVRL: 20562.00 PEN: 0.00

B00900.2391
TOM JOYCE ROOFING, INC.
4079 KENNETT STREET
NORTH PORT, FL 34288

Tangible Personal Property Tax Return CONFIDENTIAL Sections 193.074 F.S. As Required by Sections 193.052 & 193.062 F.S. Return to County Property Appraiser By April 1 to Avoid Penalties 2008 State of Florida, County of SARASOTA		
Federal EIN	Soc. Sec. No.	NAIC
59-2509464		238160
Business Name (DBA-Doing Business As) and Mailing Address		

If name and address is incorrect make necessary corrections
This return subject to audit with all records kept by you.
Incomplete entries are subject to penalties.

1. Please give name and telephone no. of Owner or Person in charge of this Business.

JAMES JOYCE (941) 484-9804
Corp. Name TOM JOYCE ROOFING, INC.

2. Actual Physical Location of Property for Which this Return is Filed (Street Address)

SAME AS MAILING

3. Is your business or farm located within the incorporated limits of a City?

Yes No ☒ What City?

4. Do You File a Tangible Personal Property Tax Return Under Any Other Name?

Yes No ☒

Please Show Name Exactly as it Appeared on Your most recent Personal Property Tax
Bill or Other Current Tax Return.

5. Date you began business in this county: 04/02/85

Fiscal year:

5a. Although my fiscal yr. ended prior to Dec. 31 of the past calendar yr., this return
reflects property additions and deletions through Dec. 31. Yes No

6. Describe Type or Nature of Your Business: ROOF REPAIR

7. Trade Level (Check as many as apply) Retail ☐ Wholesale ☐ Manufacturing ☐
Professional ☐ Service ☒ Agriculture ☐ Leasing/Rental ☐ Other ☐

8. Did you file a tangible Personal Prop. Return in the county last Yr.? Yes ☒ No
If so, under what name and where? Same as this return

9. Former owner of Business: SAME

9a. If sold, to whom? N/A

Date Sold: /0/

PERSONAL PROPERTY SUMMARY THIS IS A SUMMARY SCHEDULE ONLY. The Schedules On PAGE 2 must be completed in detail and TOTALS entered below. ATTACH ITEMIZED LIST or DEPRECIATION SCHEDULE showing Original Cost & Date of Acquisition.	TAXPAYER'S EST. OF FAIR MARKET VALUE	ORIGINAL INSTALLED COST	APPRAISER'S USE ONLY
10. Office Furniture & Office Machines & Library	5,536.	10,648.	
11. EDP Equipment, Computers, Word Processors	1,523.	3,860.	
12. Store, Bar & Lounge, and Restaurant Furniture & Equipment, Etc.			
13. Machinery and Manufacturing Equipment	13,500.	31,873.	
14. Farm, Grove, and Dairy Equipment			
15. Professional, Medical, Dental & Laboratory Equipment			
16. Hotel, Motel, & Apartment Complex			
16a. Rental Units - Stove, Refrig., Furniture, Drapes & Appliances			
17. Mobile Home Attachments (Carport, Utility Bldg., Cabana, Porch, Etc.)			
18. Service Station & Bulk Plant Equipment - Underground Tanks, Lifts, Tools			
19. Signs - Billboard, Pole, Wall, Portable, Directional, Etc.	731.	2,064.	
20. Leasehold improvements - group by type, year of installation, descript.			
21. Pollution Control Equipment			
22. Equipment owned by you but rented, leased or held by others			
23. Supplies - Not Held for Resale	117.	117.	
24. Other - Please Specify			
TOTAL PERSONAL PROPERTY	21,407.	48,562.	
Under penalties of perjury, I declare that I have read the foregoing tax return and the accompanying schedules and statements and that the facts stated in them are true. If prepared by someone other than the taxpayer, the preparer signing this return certifies that this declaration is based on all information of which he/she has any knowledge.			
DATE _____ TITLE PRESIDENT		LESS EXEMPTION: () WIDOW () WIDOWER () BLIND () TOTAL DISABILITY () OTHER	
SIGNED _____ SIGNED _____ (TAXPAYER) DALE E. DESJARDINS, SR. (PREPARER)		TAXABLE VALUE	
ADDRESS 231 S. TAMiami TRAIL NOKOMIS, FL 34275 PHONE NO. (941) 488-0077 PREPARER'S I.D. # 65-0547912		DEPUTY _____ PENALTY _____	

2008

ATTACHMENT 40028514

TOM JOYCE ROOFING, INC.

#150616

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2008

[illegible]

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