


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 28, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # K92220 1. Entity Name WILLIAMS & SONS ROOFING, INC.	
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Principal Place of Business 5840 WILLIAMS ROAD PORT ORANGE, FL 32127	Mailing Address 5840 WILLIAMS ROAD PORT ORANGE, FL 32127
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**DO NOT WRITE IN THIS SPACE**

07182004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2954542	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, GLENN  
 5840 WILLIAMS ROAD  
 DAYTONA BEACH, FL 32127

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**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 NAME STREET ADDRESS CITY - ST - ZIP	P WILLIAMS, GLENN 5840 WILLIAMS RD. PORT ORANGE, FL
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 07/28/04-80001-024 150.00

**DO NOT WRITE 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)(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: Glenn Williams GLENN WILLIAMS 7/17/04 386-767-6909  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #