

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000009415

1. Entity Name
M T W ROOFING CO.



Principal Place of Business
**1490 4TH CT.
VERO BEACH, FL 32960**

Mailing Address
**1490 4TH CT.
VERO BEACH, FL 32960**



02192004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0981092

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**WILHELM, HOLLY H
1490 4TH CT.
VERO BEACH, FL 32960**

**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 Holly Wilhelm
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when restate.)

DATE

3-17-04

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **V**
NAME **WILHELM, HOLLY**
STREET ADDRESS **1490 4TH CT.**
CITY-ST-ZIP **VERO BEACH, FL 32960**

TITLE **P**
NAME **WILHELM, MATTHEW T**
STREET ADDRESS **1490 4TH COURT**
CITY-ST-ZIP **VERO BEACH, FL 32960**

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STREET ADDRESS
CITY-ST-ZIP

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U000000092775
03/19/04-80021-025 150.00

**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)(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: Holly Wilhelm
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-04 (712) 569-6517
Date Daytime Phone #