


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 08, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000071608 1. Entity Name ALL SEASONS ROOFING OF SAINT AUGUSTINE, INC.		
Principal Place of Business 5016 AVENUE D SAINT AUGUSTINE, FL 32095	Mailing Address 5016 AVENUE D SAINT AUGUSTINE, FL 32095	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES, FL 33134		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. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
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	
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HURLEY, MATTHEW J 5016 AVENUE D SAINT AUGUSTINE, FL 32095	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HURLEY, RENA W 5016 AVENUE D SAINT AUGUSTINE, FL 32095	
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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: <u>Matthew J. Hurley</u> <u>Matthew J. Hurley</u> <u>1-7-2004</u> <u>904-824-3717</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



01072004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3663318 Applied For
Not Applicable

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

000000000807
01/09/04-80013-014 158.75

**DO NOT WRITE
IN THIS SPACE**