

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2004 8:00 am
Secretary of State

07-08-2004 90093 021 ***150.00

DOCUMENT # P00000076974

1. Entity Name
M.D. ROOFING, INC.



Principal Place of Business
**747 SE 45TH TERRACE
OCALA, FL 34471**

Mailing Address
**747 SE 45TH TERRACE
OCALA, FL 34471**

34060332



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03142003

Chg-P

CR2E034 (10/03)

4. FEI Number
65-1032411

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ALLEN, DEBORAH R
747 SE 45 TER
OCALA, FL 34471**

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
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 ☐ Delete
NAME **D ALLEN, DEBORAH R**
STREET ADDRESS **747 SE 45TH TERRACE**
CITY-ST-ZIP **OCALA, FL 34471**

TITLE ☐ Delete
NAME **D ALLEN, H. MITCH**
STREET ADDRESS **747 SE 45TH TERRACE**
CITY-ST-ZIP **OCALA, FL 34471**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Deborah R Allen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/25/04
Date

352-694-2703
Daytime Phone #



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

May 20, 2004

M.D. ROOFING, INC.
747 SE 45TH TERRACE
OCALA, FL 34471

SUBJECT: M.D. ROOFING, INC.
Ref. Number: P00000076974

We have received your check(s) totaling \$150.00; however it cannot be processed and is being returned for the following:

There was not a completed annual report/uniform business report form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

Both the annual report/uniform business report and the filing fee must be received by our office together in order to be processed.

Please return the corrected documents to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Gary Blankenbaker
Document Specialist

Letter Number: 204A00035373

Attachment
Division of Corporations

Annual Report

Page 1

Document Number

P00000076974

Business Entity Name

M.D. ROOFING, INC.

☒ After May 1st of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if notice was not received.

FEI Number

651032411

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ CurrentCertificate of Status Desired ☐ Yes ☒ No

Principal Place of Business

Address

747 SE 45TH TERRACE

Suite, Apt. #, etc.

City, State

OCALA

FL

Zip Code & Country

34471

Mailing Address

Address

747 SE 45TH TERRACE

Suite, Apt. #, etc.

City, State

OCALA

FL

Zip Code & Country

34471

Name And Address of Registered Agent

Name (Last, First, Middle, Title)

ALLEN

DEBORAH

R

-or- RA Business Name

Address

747 SE 45 TER

Suite, Apt. #, etc.

City, State

OCALA

FL

Zip Code & Country

34471

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a

Attachment

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P00000076974

business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

Deborah R. Allen

Continue

Reset

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Attachment

574060332



Division of Corporations

Annual Report

Page 2

Document Number

P00000076974

Business Entity Name

M.D. ROOFING, INC.

Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Officer/Director Name And Address

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

Attachment

#P000000 76974

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

☒ List more than six Officers/Directors ☐ No additional Officers/Directors to list

An individual named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Pres

Officer/Director Signature

Deborah R. Allen

Continue

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Start Over

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