

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90638 037 \*\*\*150.00

**DOCUMENT # P01000050772**

1. Entity Name

WELLINGTON ROOFING, INC.



Principal Place of Business

3141 FORTUNE WAY  
SUITE 15  
WEST PALM BEACH FL 33414

Mailing Address

3141 FORTUNE WAY  
SUITE 15  
WEST PALM BEACH FL 33414

2. Principal Place of Business

13425 24th Ct North

Suite, Apt. #, etc.

3. Mailing Address

13425 24th Ct North

Suite, Apt. #, etc.

14001814



MOORE

CR2E034 (11/03)

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number

65-1119403

Applied For

Not Applicable

Zip

33470

Country

PALM BEACH

Zip

33470

Country

PALM BEACH

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MCAHON, DENNIS A  
375 WOOD DALE DR  
WELLINGTON FL 33414

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, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D  
NAME MCAHON, DENNIS A  
STREET ADDRESS 375 WOOD DALE DRIVE  
CITY - ST - ZIP WELLINGTON FL 33414 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
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CITY - ST - ZIP ☐ Delete

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TITLE  
NAME  
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CITY - ST - ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/7/04 561-798-1595