

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005 8:00 am
Secretary of State

02-03-2005 90032 041 ***150.00

DOCUMENT # P01000105833

1. Entity Name
TIM STINTON ROOFING, INC.



Principal Place of Business
**510 19 AVE W
PALMETTO, FL 34221**

Mailing Address
**510 19 AVE W
PALMETTO, FL 34221**

2. Principal Place of Business
7264 SPENCER PARRISH RD

3. Mailing Address
7264 SPENCER PARRISH RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
PARRISH, FL

City & State
PARRISH, FL

Zip
34219-9123

Country

Zip
34219-9123

Country

01282005

Chg-P

CR2E034 (10/03)

4. FEI Number
65-1150255

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FELDMAN, MARC H
3908 26 ST W
BRADENTON, FL 34205**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME STINTON, TIMOTHY L
STREET ADDRESS 510 19TH AVE W
CITY-ST-ZIP PALMETTO, FL 34221

TITLE STD ☐ Delete
NAME STINTON, JANET A
STREET ADDRESS 510 19TH AVE W
CITY-ST-ZIP PALMETTO, FL 34221

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 PD ☒ Change ☐ Addition
NAME STINTON, TIMOTHY L
STREET ADDRESS 7264 SPENCER PARRISH ROAD
CITY-ST-ZIP PARRISH, FL 34219-9123

TITLE STD ☒ Change ☐ Addition
NAME STINTON, JANET A
STREET ADDRESS 7264 SPENCER PARRISH ROAD
CITY-ST-ZIP PARRISH, FL 34219-9123

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
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-05

Date

941 776-9974

Daytime Phone #