

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jun 20, 2005 08:00 AM
Secretary of State**

DOCUMENT # P01000108213

1. Entity Name
HANSON ROOFING, INC.



Principal Place of Business
**2714 CORTEZ ROAD
JACKSONVILLE, FL 32246**

Mailing Address
**2714 CORTEZ ROAD
JACKSONVILLE, FL 32246**



06162005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
47-0850595

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HANSON, JEFFREY D
2714 CORTEZ ROAD
JACKSONVILLE, FL 32246**

**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HANSON, PATTI M
STREET ADDRESS	2714 CORTEZ ROAD
CITY- ST- ZIP	JACKSONVILLE, FL 32246
TITLE	VD
NAME	ROARK, SHERRY
STREET ADDRESS	2765 LEON RD
CITY- ST- ZIP	JACKSONVILLE, FL 32246
TITLE	SD
NAME	HANSON, JEFFREY D
STREET ADDRESS	2714 CORTEZ ROAD
CITY- ST- ZIP	JACKSONVILLE, FL 32246
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U00000369649
06/20/05-80001-014 550.00

**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)(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:

Patti M. Hanson *Patti M. Hanson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/16/05

Date

641-6328

Daytime Phone #