

2013 FOR PROFIT CORPORATION ANNUAL REPORT

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13 MAY -2 AM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000115766			
1. Entity Name AMERICAN PRIDE ROOFING, INC.			
Principal Place of Business 9119 CAMINO VILLA BLVD. TAMPA, FL 33635		Mailing Address 9119 CAMINO VILLA BLVD. TAMPA, FL 33635	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 01-0670694		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TRAVIS, RICHARD 9119 CAMINO VILLA BLVD. TAMPA, FL 33635		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 \$550.00 Due by September 27, 2013		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P TRAVIS, RICHARD 9119 CAMINO VILLA BLVD. TAMPA, FL 33635 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	300255047694 12/27/13-01031-013 **\$550.00 ☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>Paul Travis</u>		12/23/13 Sdbringtravis1@hotmail.com	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	
E-MAIL ADDRESS			



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Session

Transaction ID	Description	Filing Stage
p01000115766-385b4789-efe9-4b34-a92d-7bf445c95642	Session file for p01000115766 with last modified date of 5/2/2013 1:36:49 PM Eastern Standard Time	Edit
p01000115766-642899c0-dc3f-4b05-859e-0a42ff70ddfd	Session file for p01000115766 with last modified date of 5/15/2013 9:29:54 AM Eastern Standard Time	FinalReview
p01000115766-e2471dd0-f604-4aca-abc2-08ad53c41818	Session file for p01000115766 with last modified date of 5/2/2013 8:43:17 AM Eastern Standard Time	Edit

Transactions

Transaction Id	Document Id	Filing Fee	Filing Status	Filing Date
4b2d1728-427c-4096-8039-f8b2cc62f24f	P01000115766	0	2	4/11/2011 12:00:00 AM
c1770091-342f-44fb-ab2d-5ea6b86f296f	P01000115766	0	2	4/28/2010 12:00:00 AM
dba8d363-ac1b-4d15-a63f-fcbe855ca5f7	P01000115766	0	2	3/30/2012 12:00:00 AM

