

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

04-12-2004 90635 022 \*\*\*150.00

**DOCUMENT # P02000016386**

1. Entity Name

WOODINGTON & WINEBARGER ROOFING CONSTRUCTION, INC.



Principal Place of Business

508 S. PLUMOSA STREET  
SUITE B  
MERRITT ISLAND FL 32952

Mailing Address

508 S. PLUMOSA STREET  
SUITE B  
MERRITT ISLAND FL 32952

**14001679**



MOORE CR2E034 (11/03)

2. Principal Place of Business

381 Hibiscus Ave  
Suite, Apt. #, etc.

3. Mailing Address

381 Hibiscus Ave  
Suite, Apt. #, etc.

City & State

Merritt Island FL

City & State

Merritt Island, FL

4. FEI Number

01-0596942

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WOODINGTON, DONALD A  
508 S. PLUMOSA STREET  
SUITE B  
MERRITT ISLAND FL 32952

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]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/9/04

**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 ☐ Delete  
NAME WOODINGTON, DONALD A  
STREET ADDRESS 508 S. PLUMOSA STREET SUITE B  
CITY-ST-ZIP MERRITT ISLAND FL 32952

TITLE D ☐ Delete  
NAME SHAFER, HULEN W  
STREET ADDRESS 508 S. PLUMOSA STREET SUITE B  
CITY-ST-ZIP MERRITT ISLAND FL 32952

TITLE ☐ Delete  
NAME Sec 1 Tres  
STREET ADDRESS Sandra S Cook  
CITY-ST-ZIP 488 Palmouth Ave  
Merritt Island, FL 32952

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 165 Brandy Lane  
CITY-ST-ZIP Merritt Island, FL 32952

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 521 Kenwood  
CITY-ST-ZIP Merritt Island FL 32952

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/9/04 321-453-3359