


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 11, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000074139</b>		
1. Entity Name T.L. ROOFING, INC.		
Principal Place of Business 1346 16TH STREET BAKER, FL 32531		Mailing Address P.O. BOX 763 BAKER, FL 32531
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  BRUNSON, TIMOTHY 1346 16TH STREET BAKER, FL 32531		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BRUNSON, TIMOTHY P.O. BOX 763 BAKER, FL 32531	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SMITH, RAYMOND L 5784-B HIGHWAY 4 BAKER, FL 32531	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MITCHEM, DAVID M 560 SHORTWELL AVE. CRESTVIEW, FL 32539	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE 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)(f), 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>Timothy Brunson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>Timothy BRUNSON</u> <u>President</u> <u>3-9-04</u> <small>Date Daytime Phone #</small>



01292004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**04-3690514**

Applied For
Not Applicable

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

000000085370  
03/11/04-80044-015 150.00

**DO NOT WRITE  
IN THIS SPACE**