


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000092744	
1. Entity Name SISSON ROOFING OF CENTRAL FLORIDA, INC.	

Principal Place of Business 221 12TH AVENUE OCOE, FL 34761	Mailing Address 221 12TH AVENUE OCOE, FL 34761
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DO NOT WRITE IN THIS SPACE

FILED
04 JAN 26 PM 1:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
% F , , 5 . 3 0 0 F &

01132004 No Chg-P CR2E034 (10/03)

4. FEI Number 51-0424660	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

ASMA, WILLIAM N
886 SOUTH DILLARD STREET
WINTER GARDEN, FL 34787

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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 _____ DATE _____

000030965180
03/24/04--01016--012 **150.00

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SISSON, CHRIS 221 12TH AVENUE OCOE, FL 34761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SISSON, KAREN 221 12TH AVENUE OCOE, FL 34761
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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:  1-23-04 402-656-3169

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #