

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 30, 2004 8:00 am
Secretary of State

09-30-2004 90012 012 ***158.75

DOCUMENT # P03000021294

1. Entity Name

JUSTIN POOL ROOFING INC.



Principal Place of Business

338 HWY 98
EASTPOINT FL 32328

Mailing Address

338 HWY 98
EASTPOINT FL 32328

34010000



MOORE

CR2E034 (4/04)

2. Principal Place of Business

167 Daisy St.
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1072
Suite, Apt. #, etc.

City & State

Eastpoint FL

City & State

Eastpoint FL

Zip

32328

Country

Zip

32328

Country

4. FEI Number

020669523

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

POOL, JUSTIN M
338 HWY 98
EASTPOINT FL 32328

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 8, 2004

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME POOL, JUSTIN
STREET ADDRESS 338 HWY 98
CITY-ST-ZIP EASTPOINT FL 32328

TITLE D ☐ Delete
NAME POOL, ROMAINE
STREET ADDRESS P O BOX 1072
CITY-ST-ZIP EASTPOINT FL 32328

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Joe Morales
STREET ADDRESS 17 Washington St.
CITY-ST-ZIP Eastpoint FL 32328

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

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:

Justin Pool Justin Pool
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-28-04
Date

670-4534
Daytime Phone #