2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P03000070875

1. Entity Name

WILLIAM DOE & SONS ROOFING, INC.



FILED Jul 16, 2004 8:00 am Secretary of State

07-16-2004 90011 040 ***150.00

rincipal riac	de or business	Maning Address				
3201 NW 5TH STREET FT. LAUDERADLE FL 33311 2. Principal Place of Business		3201 NW 5TH STREET FT. LAUDERADLE FL 33311				
City & State		City & State			4. FEI Number Applied For S 8 - 2676075 Not Applied	
Zip	Country Zip		Country 5.		5. Certificate of Status Desired	
	6. Name and Address of Curren	t Registered Agent	_l	1	7. Name and Address of New Registered Agent	
				Name		
DOE, ROBERT 3201 NW 5TH STREET			ga _{magan} a tus	Street Address (P.O. Box Number is Not Acceptable)		
FT.	LAUDERADLE FL 33311					
**************************************				City FL Zip Code		
8. The above	named entity submits this statement f	for the purpose of changing it	s register	ed office or regis	istered agent, or both, in the State of Florida. I am familiar with, and acce	
the obliga	tions of registered agent.		J	ŭ		
CICNIATURE						
SIGNATURE	Signature, typed or printed name of registered agen	nt and title if applicable. (NO	TE: Registere	rd Agent signature requ	guired when reinstating) DATE	
🖦 🖂 Afte	ILE NOW!!! FEE IS \$150.00 ir May 1, 2004 Fee will be \$550.00 k Payable to Florida Department o				9. Election Campaign Financing \$5.00 May B Trust Fund Contribution. Added to Fees	
10.	OFFICERS AND	D DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PTD	☐ Delete	ΠTL	E .	☐ Change ☐ Addi	
NAME	DOE, ROBERT		NAM	re		
STREET ADDRESS	3201 NW 5TH STREET		STR	EET ADDRESS		
CITY-ST-ZIP	FT. LAUDERADLE FL 33311		CITY	-ST-ZIP		
TITLE	VPSD	Delete	TITL	E	☐ Change ☐ Addi	
NAME	DOE, CARY		NAM	ie }	_ v _ ·	
STREET ADDRESS	3201 NW 5TH STREET		STRE	ET ADDRESS		
CITY-ST-ZIP	FT. LAUDERADLE FL 33311		CITY	'-ST-ZIP		
TITLE	D	☐ Delete	TITL	E	☐ Change ☐ Addi	
NAME,	DOE, WILLIE		NAM	E		
STREET ADDRESS	3201 NW 5TH STREET		STRE	ET ADDRESS		
CITY-ST-ZIP	FT. LAUDERADLE FL 33311		CITY	-ST-ZIP		
TITLE	D	☐ Delete	TITL	E .	☐ Change ☐ Addi	
NAME	HOWARD, GARY R		NAM		Tourist Target	
STREET ADDRESS	3201 NW 5TH STREET		STRE	ET ADDRESS		
CITY-ST-ZIP	FT. LAUDERADLE FL 33311		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 truetse ampowered 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 an other like empowered.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE: X

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

Delete

7/14/04

Daytime Phone #

☐ Change

☐ Addition

■ Addition

Attachments

AP03000070975

July 14, 2004

TO WHOM IT MAY CONCERN

I AM IN RECEIPT of my ANNUAL REPORT WHERE WAS RECEIVED LAST WEEK, JULY 7, 2004.

AFTER, I WAS TOWN THAT THE REPORT IN LATE.

SINCE I JULY RECEIVED THEN RENEWAL AND

I AM SENDING YOU A CHECK FOR \$150.00 AND

I AM AUKING YOU TO WAIVE THE PENNING BECAUSE

I DIDN'T KNOW EVEN IR I HAD RETEINED IT ON

I hope you will HONOR my REQUEST. I AM

THANKING YOU IN ADVANCE

Asperta Do E