


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 02, 2004 8:00 am
Secretary of State

08-02-2004 90018 022 ***150.00

DOCUMENT # P03000074992 1. Entity Name CHARLES J. HIGDON ROOFING, INC.					
Principal Place of Business 7267 ARBORDALE DR. BROOKSVILLE FL 34607 US				Mailing Address P.O. BOX 10402 BROOKSVILLE, FL 34603 US	
2. Principal Place of Business 5341 Alice st Brooksville FL.		3. Mailing Address SAME			
Suite, Apt. #, etc. City & State		Suite, Apt. #, etc. City & State			
34601 Country Hernando		Zip		Country	
6. Name and Address of Current Registered Agent HIGDON, CHARLES J 7267 ARBORDALE DR. WEEKI WACHEE FL 34607				4. FEI Number 13-4256905	
7. Name and Address of New Registered Agent Name Higdon Charles J Street Address (P.O. Box Number is Not Acceptable) 7267 Arbordale dr Weeki Wachee F City FL Zip Code 34607				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				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 <u><i>Charles J Higdon</i></u> DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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. <input checked="" type="checkbox"/>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HIGDON, CHARLES J 7267 ARBORDALE DR. WEEKI WACHEE FL 34607	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BASILE, SALVATORE 10495 BLYTHVILLE RD. SPRINGHILL FL 34608	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u><i>Charles J Higdon</i></u> 7/26/04 352-684-8057 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

To whom it may concern: ^{Attachment} # P03000074992
44051480

Is this fee (renewal) annually or
bi-annually, and is this form something my
accountant should or may have filed with my
corporate tax return???

please reply

Charles J Higdon

President
Charles J Higdon Printing
PO Box 10402
Brooksville FL.
34603

Thank You.