

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 09, 2005 8:00 am
Secretary of State

09-09-2005 90033 023 ***558.75

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DOCUMENT # P03000074992					
1. Entity Name CHARLES J. HIGDON ROOFING, INC.					
Principal Place of Business 5341 ALICE ST BROOKSVILLE, FL 34601 US			Mailing Address 5341 ALICE ST BROOKSVILLE, FL 34601 US		
2. Principal Place of Business		3. Mailing Address PO Box 10702			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Brooksville			
City & State		City & State Florida			
Zip	Country	Zip	Country	4. FEI Number 13-4256905	
34603	USA	34603	USA	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HIGDON, CHARLES J 7267 ARBORDALE DR. WEEKI WACHEE, FL 34607				7. Name and Address of New Registered Agent Name Higdon Charles J Street Address (P.O. Box Number is Not Acceptable) 5341 Alice St City Brooksville State FL Zip Code 34603	
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 <u>8/27/05</u> <small>Signature, typed or printed name of registered agent and if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		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	P Higdon Charles J 5341 Alice St Brooksville, FL 34603	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BASILE, SALVATORE 10495 BLYTHVILLE RD. SPRINGHILL, FL 34608	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR</small>			Date <u>8/27/05</u> Daytime Phone <u>352-689-8057</u>		