

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2004 8:00 am
Secretary of State

07-12-2004 90018 018 ***150.00

DOCUMENT # P03000079171

1. Entity Name
RICHARD BARNES ROOFING, INC.



Principal Place of Business Mailing Address
240 SHERYL DRIVE 240 SHERYL DRIVE
DELTONA, FL 32738-8438 US DELTONA, FL 32738-8438 US



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07012004 Chg-P CR2E034 (10/03)

4. FEI Number

20-0096977

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

SHELTON, CYNTHIA J
4233 MEETING PLACE
SANFORD, FL 32773-8160

7. Name and Address of New Registered Agent

Name **SHELTON, CYNTHIA J**

Street Address (P.O. Box Number is Not Acceptable)

300 PELL RD

City **OSTEEN**

FL

Zip Code
32764

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 *Cynthia J. Shelton* *Cynthia J. Shelton*

Signature typed or printed name of registered agent and title if applicable:

(NOTE: Registered Agent signature required when reinstating)

7/2/04

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution: ☐

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **BARNES, RICHARD D**
STREET ADDRESS **240 SHERYL DRIVE**
CITY - ST - ZIP **DELTONA, FL 327388438**

TITLE **VP** ☐ Delete
NAME **RANKIN, GEORGE W**
STREET ADDRESS **240 SHERYL DRIVE**
CITY - ST - ZIP **DELTONA, FL 327388438**

TITLE **ST** ☐ Delete
NAME **SHELTON, CYNTHIA J**
STREET ADDRESS **4233 MEETING PLACE**
CITY - ST - ZIP **SANFORD, FL 327738160**

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
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE **ST** ☒ Change ☐ Addition
NAME **SHELTON, CYNTHIA J**
STREET ADDRESS **300 PELL RD**
CITY - ST - ZIP **OSTEEN, FL 32764**

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: *Cynthia J. Shelton* *Cynthia J. Shelton* **7/2/04** **407-402-7221**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #