


2004 FOR PROFIT CORPORATION ANNUAL REPORT

9/17/2004-90003-028-\$150.00-\$150.00

DOCUMENT # P03000104306			
1. Entity Name HERNDON ROOFING, INC.			
Principal Place of Business 65 FONIGAN RD SOPCHOPPY, FL 32358		Mailing Address 65 FONIGAN RD SOPCHOPPY, FL 32358	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HERNDON, MAURICE B 65 FONIGAN RD SOPCHOPPY, FL 32358		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		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 HERNDON, MAURICE B 65 FONIGAN RD SOPCHOPPY, FL 32358 <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	V HERNDON, TRAVIS 65 FONIGAN RD SOPCHOPPY, FL 32358 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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>Maurice Herndon</u>		Date: <u>9-13-04</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 SEP 30 AM 8:00

29003913



09012004 Chg-P CR2E034 (10/03)

4. FSL Number 52-2413436 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

MRS

Attachment 2g 2

24085473
P03000104306

September 10, 2004

Department of State
Division of Corporations
P O Box 6327
Tallahassee FL 32314

Attention: Gretchen Harvey

It has come to our attention that Herndon Roofing, Inc. has not paid its annual dues to the State of Florida \$150.00. We did not pay because we did not receive the form we ask the state to please accept the enclosed reinstatement form, and the enclosed check for \$150.00. Also we ask that any penalty accrued to us please be abated.

Thank you

Joyce C. Millender, CPA