

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2004 8:00 am**  
**Secretary of State**

01-12-2004 90009 032 \*\*\*158.75

**DOCUMENT # P03000104716**

1. Entity Name  
**PHILLIPS ROOFING & SIDING, INC.**



Principal Place of Business  
22434 NW SR 16  
STARKE, FL 32091

Mailing Address  
22434 NW SR 16  
STARKE, FL 32091

430000373



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

01082004 Chg-P CR2E034 (10/03)

City & State

4. FEI Number  
43-2028773

Applied For  
Not Applicable

Zip Country Zip Country

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

**6. Name and Address of Current Registered Agent**

**PHILLIPS, HARVEY J**  
22434 NW SR 16  
STARKE, FL 32091

**7. Name and Address of New Registered Agent**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE ☐ Delete  
NAME **P**  
STREET ADDRESS **PHILLIPS, HARVEY J**  
CITY-ST-ZIP **22434 NW SR 16**  
**STARKE, FL 32091**

TITLE ☐ Delete  
NAME **V**  
STREET ADDRESS **AULTMAN, BRENT R**  
CITY-ST-ZIP **22434 NW SR 16**  
**STARKE, FL 32091**

TITLE ☒ Delete  
NAME **S**  
STREET ADDRESS **CHILDERS, BEN H**  
CITY-ST-ZIP **22434 NW SR 16**  
**STARKE, FL 32091**

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 **V. Brian Brown**  
STREET ADDRESS **22434 NW SR 16**  
CITY-ST-ZIP **Starke FL 32091**

TITLE ☐ Change ☒ Addition  
NAME **T/S**  
STREET ADDRESS **Teresa G. Phillips**  
CITY-ST-ZIP **22434 NW SR 16**  
**Starke FL 32091**

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

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 another like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/04

904-626-4700

Date

Daytime Phone #