

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000119661

1. Entity Name
RALPH E. WILSON ROOFING, INC.



Principal Place of Business
8506 SE BAYBERRY TERR
HOBE SOUND, FL 33455

Mailing Address
BOX 2161
HOBE SOUND, FL 33475

FILED
05 APR 21 PM 1:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04182005 No Chg-P CR2E034 (10/03)

4. FEI Number
90-0129940

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WILSON, RALPH E
8506 SE BAYBERRY TERR
HOBE SOUND, FL 33455

DO NOT WRITE
IN THIS SPACE

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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

00054235807
03/10/05--01094--023 **185.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILSON, RALPH E BOX 2161 HOBE SOUND, FL 33475
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JONES, JOHN S BOX 1065 HOBE SOUND, FL 33475
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

[Handwritten Signature]

DO NOT WRITE
IN THIS SPACE

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 fee empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/08/05 (772) 215 4460 CEN
Date Daytime Phone #