

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000151778

1. Entity Name
H. DUANE FULLER ROOFING & BUILDING REPAIRS, INC.



FILED

04 OCT 18 PM 4:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
4454 RADIO AVE
SANFORD, FL 32773

Mailing Address
4454 RADIO AVE
SANFORD, FL 32773

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09212004

Chg-P

CR2E034 (10/03)

4. FEI Number

30-0218481

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FULLER, HIRAM DUANE
4454 RADIO AVE
SANFORD, FL 32773

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 \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME FULLER, HIRAM DUANE
STREET ADDRESS 4454 RADIO AVE
CITY-ST-ZIP SANFORD, FL 32773

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
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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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-4-04

THE MEDLIN GROUP LLC

Certified Public Accountants
and Consultants

October 1, 2004

Ms. Katrina Sutphin
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: H. Duane Fuller Roofing & Building Repairs, Inc.
Ref. Number: P03000151778

Dear Ms. Sutphin:

We respectfully request waiver of the \$400 late fee for the annual report. The 2004 notification was not received. This was the first year of this corporation and taxpayer was not aware of the annual filing requirement. We are returning the original filing with the \$150.00 filing fee that was returned.

Very truly yours,

THE MEDLIN GROUP, LLC

By:



Sharron Medlin, C.P.A.

Enclosure

M/mja

cc: Mr. H. Duane Fuller