2004 FOR PROFITE CORPORATION ANNUAL REPORT

DOCUMENT # P03000151778

1. Entity Name

SIGNATURE:

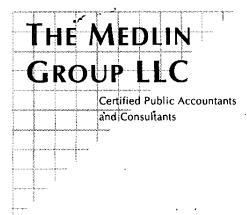
H. DUANE FULLER ROOFING & BUILDING REPAIRS, INC.



FILED

Daytime Phone #

04 OCT 18 PM 4: 21 SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 4454 RADIO AVE 4454 RADIO AVE SANFORD, FL 32773 SANFORD, FL 32773 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 09212004 Chg-P CR2E034 (10/03) City & State City & State Applied For 4. FEI Number 30-0218481 Not Applicable Ζiρ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FULLER, HIRAM DUANE Street Address (P.O. Box Number is Not Acceptable) 4454 RADIO AVE SANFORD, FL 32773 City 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 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Delete TITLE TITLE Change Addition FULLER, HIRAM DUANE NAME NAME 4454 RADIO AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SANFORD, FL. 32773 CITY-ST-ZIP Delete TITLE TITLE Change Addition MAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE - Delete TITLE Change ☐ Addition **900042035699** /20/04--01093--004 **19 NAME NAME STREET ADDRESS STREET ADDRESS **150.00 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 it made under oath; that I am an officer or 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



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