

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 10, 2004 8:00 am
Secretary of State

03-10-2004 90030 005 ***150.00

DOCUMENT # P03000155049

1. Entity Name

OLIVER ROOFING, INC.



Principal Place of Business

19220 ELDORADOR DR
EUSTIS FL 32736

Mailing Address

19220 ELDORADOR DR
EUSTIS FL 32736

2. Principal Place of Business

19920 ELDORADO DRIVE

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1200

Suite, Apt. #, etc.

City & State

EUSTIS FLORIDA

Zip
32736

Country

USA

City & State

WIMATILLA FLORIDA

Zip

32784

Country

USA

4. FEI Number

01-0803019

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

OLIVER, VINCENT
19220 ELDORADOR DR
EUSTIS FL 32736

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]

VINCENT OLIVER PRESIDENT

03/01/04

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
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME OLIVER, VINCENT
STREET ADDRESS 19220 ELDORADOR DR
CITY-ST-ZIP EUSTIS FL 32736

TITLE VPD ☐ Delete
NAME ETHRIDGE, STEVE
STREET ADDRESS 19220 ELDORADOR DR
CITY-ST-ZIP EUSTIS FL 32736

TITLE SD ☐ Delete
NAME RAMSEY, ARTHUR
STREET ADDRESS 19220 ELDORADOR DR
CITY-ST-ZIP EUSTIS FL 32736

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
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
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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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VINCENT OLIVER

Date

03/01/04 352-267-0096
Daytime Phone #