

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jun 07, 2005 8:00 am
Secretary of State

04-29-2005 90213 015 ***150.00

DOCUMENT # P04000054584 1. Entity Name DIRISIO ROOFING AND REPAIRS INC.					
Principal Place of Business 4231 NE CHERI DR JENSEN BEACH, FL 34957-3823			Mailing Address 4231 NE CHERI DR JENSEN BEACH, FL 34957-3823		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 06-1721852	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent DIRISIO, JAMES 4231 NE CHERI DR JENSEN BEACH, FL 34957-3823				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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)					
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		DATE _____			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O DIRISIO, JAMES 4231 NE CHERI DR JENSEN BEACH, FL 349573823	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LASTER, ROBIN 4231 NE CHERI DR JENSEN BEACH, FL 349573823	☐ Delete			
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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: <u>James Dirisio</u> <u>President</u> <u>4/25/05</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

66022098



01112005 Chg-P CR2E034 (10/03)

FL

Zip Code