

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-07-2005 90098 020 ***158.75

DOCUMENT # P04000084403

1. Entity Name
TIM SOWELL ROOFING, INC.



Principal Place of Business
**8449 HIGHWAY 87 SOUTH
MILTON, FL 32583**

Mailing Address
**8449 HIGHWAY 87 SOUTH
MILTON, FL 32583**

50011531



2. Principal Place of Business

6607 Elva Street

Suite, Apt. #, etc.

3. Mailing Address

6607 Elva Street

Suite, Apt. #, etc.

02022005

Chg-P

CR2E034 (10/03)

City & State

Milton FL

City & State

Milton FL

4. FEI Number

20-1174412

Applied For

Not Applicable

Zip

32570

Country

USA

Zip

32570

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

**SOWELL, THIMOTHY K
8449 HIGHWAY 87 SOUTH
MILTON, FL 32583**

7. Name and Address of New Registered Agent

Name **Timothy K Sowell**

Street Address (P.O. Box Number is Not Acceptable)

6607 Elva St.

City **Milton**

FL

Zip Code

32570

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

Timothy K Sowell

Timothy K Sowell

2/2/05

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**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PVD
SOWELL, THIMOTHY K
4171 SNAPPER AVENUE H
MILTON, FL 32583** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
SOWELL, LINDA S
4171 SNAPPER AVENUE H
MILTON, FL 32583** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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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

Timothy K Sowell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Timothy K Sowell 2/2/05 850-626-3388

Date

Daytime Phone #