

2005 FOR PROFIT CORPORATION ANNUAL REPORT

T. Roberts MAY 08 2005

DOCUMENT # P04000146000

1. Entity Name
SHELDON ROOFING INC.



FILED

05 APR 29 PM 3:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
255 NORTH WATER ST.
MONTICELLO, FL 32344

Mailing Address
255 NORTH WATER ST.
MONTICELLO, FL 32344

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S.
TA

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
P.O. BOX 1067

Suite, Apt. #, etc.

City & State
Monticello FL

City & State

Zip
32344

Country

Zip

Country

04292005 Chg-P CR2E034 (10/03)

4. FEI Number
20-1784093

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

SHELDON, TONY M
255 NORTH WATER ST.
MONTICELLO, FL 32344

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 \$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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME SHELDON, TONY M OWNER ☐ Delete
STREET ADDRESS 255 NORTH WATER ST.
CITY-ST-ZIP MONTICELLO, FL 32344

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 information.

SIGNATURE:

T. M. Sheldon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-05

Date

Daytime Phone #