## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 30, 2004 08:00 AM Secretary of State

ANNUAL REPORT				Jan 30, 2004 08:00 A			
DOCUMENT # P07293  1. Entity Name BOYLES ROOFING & SHEET METAL, INC.					Sec	retary	of State
BOILES	TOO! ING & SHEET METAL						
401 COURT P. O. DRAWE		Mailing Address 401 COURT STREET P. O. DRAWER 689 WAYNESBORO, MS 39367		 	BOTUL FRANKA KININ ANTONA UK	F Dilata atalia atalia ata	DIT DARTI MISHIMMI SI MUNI
DO NOT WRITE IN THIS SPA				01192004	No Cha-P		
			CE	4. FEI Numbe 64-0639	r	CR2E034	Applied For Not Applicable
	G. Names and Address of Occupation			5. Certificate	of Status Desired		.75 Additional Required
6. Name and Address of Current Registered Agent  CT CORPORATION SYSTEM  1200 S. PINE ISLAND ROAD  PLANTATION, FL 33324					NOT W		
8. The above the obligat	named entity submits this statement for t tions of registered agent.	he purpose of changing its register	ed office or register	red agent, or bot	n, in the State of Flo	rida. I am fami	iliar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent annual	Stille if applicable. (NOTE. Registere	d Agent signature required	when reinstating)		DATE.	<u> </u>
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Finar     Trust Fund Contribution.	· — •••	.00 May Be ed to Fees			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D PD BOYLES, SHERMAN JR. 227 JIM PITTS RD. WAYNESBORO, MS	RECTORS		<u> </u>	J00001   01/30/04	0022679 -80053-0	22 150.00
NAME STREET ADDRESS CITY-ST-ZIP	VD BOYLES, BRENDA F. 227 JIM PITTS RD. WAYNESBORO, MS			-			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT W		
NAME STREET ADDRESS CITY-ST-ZIP				IN T	THIS SF	ACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP							
TITLE NAME STREET ADDRESS							

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 of russee 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:

CITY-ST-ZIP

Signature and typed on PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

28/04 601-735