

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # P36549

1. Entity Name

AMERSON ROOFING, INC.



Principal Place of Business
POST OFFICE BOX 956
ATMORE AL 36504

Mailing Address
POST OFFICE BOX 956
ATMORE AL 36504

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 63-1022979

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AMERSON, OLIVER P., JR.
4151 W. HWY. 4
CENTURY FL 32535

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, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VPD ☐ Delete
NAME AMERSON, DORIS
STREET ADDRESS 4231 WETS HWY 4
CITY - ST - ZIP CENTURY FL 32535

TITLE ☐ Change ☐ Addition
NAME U00000035614
STREET ADDRESS 02/06/04-80026-002 158.75
CITY - ST - ZIP

TITLE PDC ☐ Delete
NAME AMERSON, OLIVER P JR.
STREET ADDRESS 4151 WEST HIGHWAY 4
CITY - ST - ZIP CENTURY FL

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

TITLE S ☐ Delete
NAME AMERSON, OLIVER P JR.
STREET ADDRESS 4151 WEST HIGHWAY 4
CITY - ST - ZIP CENTURY FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-04

850-479-7933

Date

Daytime Phone #