

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 30, 2004 8:00 am
Secretary of State

01-30-2004 90089 004 ***150.00

DOCUMENT # 92000003700

1. Entity Name

ATLANTIC G.C. & ROOFING, INC.



Principal Place of Business

113 NW 3RD AVE
DANIA BEACH FL 33004
US

Mailing Address

113 NW 3RD AVE
DANIA BEACH FL 33004
US

2. Principal Place of Business

113 NW 3rd Ave
Suite, Apt. #, etc.

3. Mailing Address

113 NW 3rd Ave
Suite, Apt. #, etc.

City & State

Dania Beach FL 33004
Zip 33004 Country US

City & State

Dania Beach FL
Zip 33004 Country U.S.

4. FEI Number 65-0368983

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

VINING, RUSSELL
113 NW 3RD AVE
DANIA BEACH FL 33004

7. Name and Address of New Registered Agent

Name Vining, Russell
Street Address (P.O. Box Number is Not Acceptable)
113 - NW 3rd Ave
City Dania Beach FL Zip Code 33004

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

TITLE P ☐ Delete
NAME VINING, JAMES R
STREET ADDRESS 113 NW 3RD AVE
CITY-ST-ZIP DANIA BEACH FL 33304

TITLE S ☐ Delete
NAME VINING, GRESILDA
STREET ADDRESS 113 NW 3RD AVE
CITY-ST-ZIP DANIA BEACH FL 33004

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #