

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90055 022 ***150.00

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1. Entity Name

GARY T. BRINGMAN ROOFING, INC.



Principal Place of Business

1111 29TH AVENUE WEST
BRADENTON, FL 34205

Mailing Address

1111 29TH AVENUE WEST
BRADENTON, FL 34205

94043167



03302004

No Chg-P

CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0377946

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRINGMAN, GARY T
1111 29 AVENUE WEST
BRADENTON, FL 34205

**DO NOT WRITE
IN THIS SPACE**

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DTVP
NAME BRINGMAN, ELAINE M.
STREET ADDRESS 1111 - 29TH AVE W.
CITY-ST-ZIP BRADENTON, FL 34205

TITLE DP
NAME BRINGMAN, GARY T.
STREET ADDRESS 1111 29TH AVE W
CITY-ST-ZIP BRADENTON, FL 34205

TITLE S
NAME BROWN, JEFF
STREET ADDRESS 1111 - 29TH AVE
CITY-ST-ZIP BRADENTON, FL 34205

TITLE T
NAME KARAS, NICK
STREET ADDRESS 1111 - 29 AVE W
CITY-ST-ZIP BRADENTON, FL 34205

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 #

4-2-01 941-746-6643