


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 27, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000047611 1. Entity Name CHARLIE SHIELDS ROOFING, INC.					
Principal Place of Business 749 BOSTON AVENUE SOUTH DAYTONA FL 32119			Mailing Address 749 BOSTON AVENUE SOUTH DAYTONA FL 32119		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc		Suite, Apt. #, etc			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HAWKINS, DONALD E 501 SO. RIDGEWOOD AVENUE DAYTONA BEACH FL 32114				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reconstituting) <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
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. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VDPS		TITLE		
NAME	SHIELDS, CHARLIE <input type="checkbox"/> Delete		NAME		
STREET ADDRESS	749 BOSTON AVENUE		STREET ADDRESS		
CITY-ST-ZIP	SOUTH DAYTONA FL 32119		CITY-ST-ZIP		
TITLE	V		TITLE		
NAME	SHIELDS, BILL D <input type="checkbox"/> Delete		NAME		
STREET ADDRESS	424 LAURIE AVENUE		STREET ADDRESS		
CITY-ST-ZIP	PORT ORANGE FL 32127		CITY-ST-ZIP		
TITLE	SV		TITLE		
NAME	SHIELDS, CHARLES T <input type="checkbox"/> Delete		NAME		
STREET ADDRESS	5819 VILLAS LANE		STREET ADDRESS		
CITY-ST-ZIP	PORT ORANGE FL 32127		CITY-ST-ZIP		
TITLE			TITLE		
NAME	<input type="checkbox"/> Delete		NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			TITLE		
NAME	<input type="checkbox"/> Delete		NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			TITLE		
NAME	<input type="checkbox"/> Delete		NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(f), 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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Charlie Shields</u> Charlie Shields			1/22/04 386-767-8817 <small>Date Daytime Phone #</small>		



MOORE CR2E034 (11/03)

4. FEI Number **NO-T APPLICABLE** ☐ Applied For ☒ Not Applied

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

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

U00000014965
01/27/04-80042-025 150.00