

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2004 8:00 am
Secretary of State

02-24-2004 90017 007 ***150.00

DOCUMENT # P94000055349

1. Entity Name
NAST ROOFING CO.



Principal Place of Business
1410 SW 3RD AVE
FORT LAUDERDALE, FL 33315 US

Mailing Address
1410 SW 3RD AVE
FORT LAUDERDALE, FL 33315 US

94019544



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01132004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
65-0510424

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MURRAY, C ROBERT JR
8300 NW 53RD ST SUITE 300
MIAMI, FL 33315

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP
DPT
NAST, TIMOTHY W
1700 SW 30TH PL
FT LAUDERDALE, FL 33315 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPT
NAST, TIMOTHY W.
1577 SW 30TH PLACE
FT. LAUDERDALE, FL 33315 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
NAST, DEBORAH A
1700 SW 30TH PL
FT LAUDERDALE, FL 33315 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
NAST, DEBORAH A.
1577 SW 30TH PLACE
FT. LAUDERDALE, FL 33315 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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CITY-ST-ZIP
☐ Change ☐ Addition

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:

Debbie Nast
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/16/04 954-475-0610