

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 28, 2004 8:00 am**  
**Secretary of State**

09-28-2004 90001 007 \*\*\*550.00

**DOCUMENT # P94000087386**

1. Entity Name  
**ALL FLORIDA ROOFING & REPAIRS, INC.**



Principal Place of Business  
**2800 ALLENHILL AVE., SUITE D  
MELBOURNE, FL 32940**

Mailing Address  
**2800 ALLENHILL AVE., SUITE D  
MELBOURNE, FL 32940**

**54073519**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08162004

Chg-P

CR2E034 (10/03)

4. FEI Number  
**59-3285035**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

**GUCCIONE, MICHAEL  
2800 ALLENHILL AVE., SUITE D  
MELBOURNE, FL 32940**

## 7. Name and Address of New Registered Agent

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 Michael Guccione  
Signature, typed or printed name of registered agent and title if applicable.

President

(NOTE: Registered Agent signature required when reinstating)

8/23/04  
DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	GUCCIONE, MICHAEL	
STREET ADDRESS	2800 ALLENHILL AVE., SUITE D	
CITY-ST-ZIP	MELBOURNE, FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	HILBERT, JONATHAN	
STREET ADDRESS	2800 ALLEN HILL AVE #D	
CITY-ST-ZIP	MELBOURNE, FL 32940	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	WILDER, CARL	
STREET ADDRESS	2800 ALLENHILL AVE., SUITE D	
CITY-ST-ZIP	MELBOURNE, FL 32940	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/23/04  
Date

Date

321-242-4988  
Daytime Phone

Daytime Phone



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

September 17, 2004

ALL FLORIDA ROOFING & REPAIRS, INC.  
2800 ALLENHILL AVE., SUITE D  
MELBOURNE, FL 32940

SUBJECT: ALL FLORIDA ROOFING & REPAIRS, INC.  
Ref. Number: P94000087386

We have received your document for ALL FLORIDA ROOFING & REPAIRS, INC. and check(s) totaling \$150.00. However, your check(s) and document are being returned for the following:

The fee to file the profit annual report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

We are unable to honor the waiver fee for your corporation. The only provision for waiver is listed in the paragraph below.

The only provision the Division of Corporations has for waiver of the \$400.00 late fee is if the annual report notice was not received. A letter stating this fact must accompany the completed annual report.

**TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO THIS OFFICE WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Ruby Dunlap  
Document Specialist

Letter Number: 804A00055122