2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 25, 2005 8:00 am Secretary of State

ANNUAL REPORT (AR)							Secretary of State					
DOCUMENT # P95000081574 1. Entity Name STATEWIDE ROOF COATING, INC.							04-25-2005 90222 002 ***150.00					
STATEW	IDE ROOF	COATING, INC.			16							
Principal Plac	e of Business	•	Mailing Address)			-		
15907 COUNTRY LANE SPRING HILL FL 34610			15907 COUNTRY LANE SPRING HILL FL 34610				A STATE OF THE STA					
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.			1st MOORE CR2E034 (10/04)							
City & State		City & State				4. FEI Number 59-3344697 Applied For Not Applied by						
Zip		Country	Žíp .	Coun	try		5. Certificate	of Status Desir	ed 🗆	\$8.75 Fee Re	5 Addi	tional
	6. Name	and Address of Current					7. Name an	d Address of N	w Register	ed Agent	.	
io	CKE IOU	N C ESQUIRE			Name							
SUN	INE & LO	CKE, P.A. EVELAND STREE	r		Street A	ddress (f	P.O. Box Numb	per is Not Accep	table)			
CLE	•					÷						
					City				F	L Zip	Code	
			r the purpose of changing its	registere	ed office or	register	ed agent, or bo	oth, in the State	of Florida. 1	am familiar	with, a	and accept
the obliga	tions of regist	ered agent.			•							
SIGNATURE	Sonalura hond	or printed name of registered agent	and this if earlies by	E. Da'aistana	d Agent signer		when reinstating)		DAT	·		
	or Samuel State (Sa		and tree it alphicane (NO)	E: Hegistered	Agent signati	Te tedfitad	when reinstaung)	,				
After	May 1, 200	! FEE IS \$150.00										
25000000000000000000000000000000000000	K Fayable to	5 Fee Will Be \$550.00 Florida Department o				, , , , , , , , , , , , , , , , , , ,		9. Election Ca Trust Fund	ampaign Fina Contribution			00 May Be d to Fees
10.	A Fayable to		State	11.		· .	ADDITIONS		Contribution	. 🗖	Addeo	d to Fees
10. THTLE	PT	Florida Department o OFFICERS AND	State	11.		l ⁻	etary	Trust Fund	Contribution	. 🗖	Added	d to Fees
TITLE NAME	PT GRABILL,	Florida Department o OFFICERS AND	State DIRECTORS	TITLE	Ε	Vict	retary	Trust Fund CHANGES TO	Contribution	AND DIREC	Added	lo Fees
TETLE	PT GRABILL, 15907 COL	Florida Department o OFFICERS AND	State DIRECTORS	TITLE NAME STREE		Vict	etary tor M Lake	Trust Fund CHANGES TO Tarpo	Contribution	ND DIREC	Added TORS ange	lo Fees
TITLE NAME STREET ADDRESS	PT GRABILL, 15907 COL	Florida Department o OFFICERS AND IAMES E INTRY LANE	State DIRECTORS	TITLE NAME STREE	ET ADDRESS - ST-ZIP	Vict	etary tor M Lake	Trust Fund CHANGES TO	Contribution	AND DIREC	Added TORS ange	lo Fees
TATLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PT GRABILL, 15907 COL	Florida Department o OFFICERS AND IAMES E INTRY LANE	DIRECTORS Delete	TITLE NAME STREE CITY- TITLE	E ET ADORESS - ST-ZIP	Vict	etary tor M Lake	Trust Fund CHANGES TO Tarpo	Contribution	ND DIRECT	Added TORS ange	to Fees
THILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PT GRABILL, 15907 COL	Florida Department o OFFICERS AND IAMES E INTRY LANE	DIRECTORS Delete	TITLE NAME STREE CITY- TITLE NAME STREE	E ET ADDRESS - ST-ZIP E ET ADDRESS	Vict	etary tor M Lake	Trust Fund CHANGES TO Tarpo	Contribution	ND DIRECT	Added TORS ange	to Fees
THILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT GRABILL, 15907 COL	Florida Department o OFFICERS AND IAMES E INTRY LANE	DIRECTORS Delete Delete	TITLE NAME STREE CITY- TITLE NAME STREE CITY-	E ET ADDRESS ST-ZIP E ET ADDRESS ST-ZIP	Vict	etary tor M Lake	Trust Fund	Contribution	ND DIRECT	Added CTORS ange ange	IN 11 Addition
THILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PT GRABILL, 15907 COL	Florida Department o OFFICERS AND IAMES E INTRY LANE	DIRECTORS Delete	TITLE NAME STREE CITY- TITLE NAME STREE	E ET ADDRESS ST-ZIP E ET ADDRESS ST-ZIP	Vict	etary tor M Lake	Trust Fund	Contribution	ND DIRECT	Added CTORS ange ange	to Fees
TIFILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PT GRABILL, 15907 COL	Florida Department o OFFICERS AND IAMES E INTRY LANE	DIRECTORS Delete Delete	TITLE NAME STREE CITY TITLE VAME STREE CITY TITLE NAME STREE	E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP	Vict	etary tor M Lake	Trust Fund	Contribution	ND DIRECT	Added CTORS ange ange	IN 11 Addition
THILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PT GRABILL, 15907 COL	Florida Department o OFFICERS AND IAMES E INTRY LANE	State DIRECTORS Delete Delete	TITLE NAME STREE CITY TITLE VAME STREE CITY TITLE NAME STREE	E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP	Vict	etary tor M Lake	Trust Fund	Contribution	ND DIRECT	Addex TORS ange ange	IN 11 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TAME STREET ADDRESS CITY-ST-ZIP	PT GRABILL, 15907 COL	Florida Department o OFFICERS AND IAMES E INTRY LANE	DIRECTORS Delete Delete	TITLE NAMI STREI CITY- TITLE NAME STREI CITY- TITLE NAME STREI CITY- TITLE	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	Vict	etary tor M Lake	Trust Fund	Contribution	ND DIRECT	Addex TORS ange ange	IN 11 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PT GRABILL, 15907 COL	Florida Department o OFFICERS AND IAMES E INTRY LANE	State DIRECTORS Delete Delete	TITLE NAMI STREI CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME NAME NAME NAME	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS -ST-ZIP	Vict	etary tor M Lake	Trust Fund	Contribution	ND DIRECT	Addex TORS ange ange	d to Fees IN 11 Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TAME STREET ADDRESS CITY-ST-ZIP	PT GRABILL, 15907 COL	Florida Department o OFFICERS AND IAMES E INTRY LANE	State DIRECTORS Delete Delete	TITLE NAMI STREI CITY TITLE NAME STREE NAME STREE CITY TITLE NAME STREE CITY TITLE NAME STREE STREE	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	Vict	etary tor M Lake	Trust Fund	Contribution	ND DIRECT	Addex TORS ange ange	d to Fees IN 11 Addition Addition
TIFILE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS	PT GRABILL, 15907 COL	Florida Department o OFFICERS AND IAMES E INTRY LANE L FL 34610	State DIRECTORS Delete Delete	TITLE NAMI STREI CITY TITLE NAME STREE NAME STREE CITY TITLE NAME STREE CITY TITLE NAME STREE STREE	ET ADDRESS S1-ZIP	Vict	etary tor M Lake	Trust Fund	Contribution	ND DIRECT	Addec	d to Fees IN 11 Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PT GRABILL, 15907 COU SPRING HII	Florida Department o OFFICERS AND IAMES E INTRY LANE L FL 34610	State DIRECTORS Delete Delete Delete	TITLE NAMI STREE CITY- TITLE NAME NAME STREE CITY-	ET ADDRESS ST-ZIP	Vict	etary tor M Lake	Trust Fund	Contribution	SY Ch	Addec	IN 11 Addition Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	PT GRABILL, 15907 COU SPRING HII	Florida Department o OFFICERS AND IAMES E INTRY LANE L FL 34610	State DIRECTORS Delete Delete Delete	TITLE NAMI STREI CITY- TITLE NAME STREI CITY-	ET ADDRESS ST-ZIP ET ADDRESS ET ADDRESS	Vict	etary tor M Lake	Trust Fund	Contribution	SY Ch	Addec	IN 11 Addition Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT GRABILL, 15907 COU SPRING HII	Florida Department o OFFICERS AND IAMES E INTRY LANE L FL 34610	DIRECTORS Delete Delete Delete Delete	TITLE NAMM STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY- CITY- TITLE CITY- TITLE NAME STREE CITY- CITY- TITLE NAME CITY-	E ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP	Vict	etary tor M Lake	Trust Fund	Contribution	SYC	Addec	IN 11 Addition Addition Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	PT GRABILL, 15907 COU SPRING HII	Florida Department o OFFICERS AND IAMES E INTRY LANE L FL 34610	State DIRECTORS Delete Delete Delete	TITLE NAMI STREI CITY- TITLE NAME STREI CITY-	E ET ADDRESS ST-ZIP	Vict	etary tor M Lake	Trust Fund	Contribution	SY Ch	Addec	IN 11 Addition Addition 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-05

Osytime Phone #