

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 12, 2004 8:00 am**  
**Secretary of State**

02-12-2004 90011 012 \*\*\*150.00

**DOCUMENT # P98000035523**

1. Entity Name

ERIK OLSEN ROOFING, INC.



Principal Place of Business

2041 REDFERN RD  
VENICE FL 34293

Mailing Address

2041 REDFERN RD  
VENICE FL 34293

2. Principal Place of Business

565 Colonial Rd

3. Mailing Address

565 Colonial Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

Venice, FL

City & State

Venice, FL

4. FEI Number

65-0827352

Applied For

Not Applicable

Zip

34293

Country

Sarasota

Zip

34293

Country

Sarasota

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

OLSEN, ERIK  
2041 REDFERN RD  
VENICE FL 34293

Name

Street Address (P.O. Box Number is Not Acceptable)

565 Colonial Rd

City

Venice, FL 34293 FL

Zip Code

34293

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**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	OLSEN, ERIK	
STREET ADDRESS	594 NORTH QUINCY ROAD	
CITY-ST-ZIP	VENICE FL 34293	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PASSINGER, PAUL	
STREET ADDRESS	4507 CAYSTALO RD	
CITY-ST-ZIP	VENICE FL 34293	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	KITTINGER, WADE	
STREET ADDRESS	1076 ROBERTA ST	
CITY-ST-ZIP	VENICE FL 34292	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	565 Colonial Rd	
CITY-ST-ZIP	Venice, FL 34293	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4507 CAYSTALO Rd.	
CITY-ST-ZIP	Venice, FL 34293	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEITH W. OLSEN	
STREET ADDRESS	565 COLONIAL RD	
CITY-ST-ZIP	VENICE, FL 34293	
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		
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:** Erik Olsen ERIK L. OLSEN 2-5-04 941493-6903  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #