

**2005 FOR PROFIT CORPORATION
ANNUAL-REPORT**

FILED

**Jan 29, 2005 08:00 AM
Secretary of State**

DOCUMENT # P98000044273

1. Entity Name
SHORTY CRIDER ROOFING COMPANY, INC.



Principal Place of Business
**2027 GRIFFIN STREET
ORMOND BEACH, FL 32174**

Mailing Address
**2027 GRIFFIN STREET
ORMOND BEACH, FL 32174**



01142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1869920

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CRIDER, LINDA
2027 GRIFFIN STREET
ORMOND BEACH, FL 32174**

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

U000000203349
01/29/05-80027-010 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CRIDER, FRANKLIN L 2027 GRIFFIN STREET ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CRIDER, LINDA 2027 GRIFFIN STREET ORMOND BEACH, FL 32174
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Linda Crider* *Linda Crider*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-05 *386672-7168*

Date

Daytime Phone #