


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 10, 2004 8:00 am**  
**Secretary of State**

05-10-2004 90480 046 \*\*\*550.00

<b>DOCUMENT # P98000048554</b>	
1. Entity Name <b>STEVE BRANT'S ROOFING, INC.</b>	

Principal Place of Business <b>602 GARRISON AVE. PORT ST. JOE, FL 32456</b>	Mailing Address <b>602 GARRISON AVE. PORT ST. JOE, FL 32456</b>
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**DO NOT WRITE IN THIS SPACE**



05052004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3515754</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>COSTIN, CHARLES A 413 WILLIAMS AVE. PORT ST. JOE, FL 32456</b>
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BRANT, STEPHEN R 602 GARRISON AVE. PORT ST. JOE, FL 32456
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FIELD, JESSIE 447 STEBEL DR WEWAHITCHKA, FL 32465
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST BRANT, Christopher 345 POPANO ST PORT SAINT JOE, FL 32456
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Stephen R Brant Stephen R Brant 5-5-04 850-2276326

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #