

# 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P99000021511

1. Entity Name  
SISSON ROOFING, INC.



Principal Place of Business  
313 S VOLUSIA AVE  
ORANGE CITY, FL 32763

Mailing Address  
313 S VOLUSIA AVE  
ORANGE CITY, FL 32763

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08032004

Chg-P

CR2E034 (10/03)

4. FEI Number  
59-3563827

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES, FL 33134

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VS  
NAME SISSON, KENNETH B ☐ Delete  
STREET ADDRESS 2473 ARSIAN STREET  
CITY-ST-ZIP DELTONA, FL 32738

TITLE P  
NAME SISSON, KEN ☐ Delete  
STREET ADDRESS 1007 CRESCENT PARKWAY  
CITY-ST-ZIP DELAND, FL 32724

TITLE V  
NAME DEUSEN, CHRIS V ☐ Delete  
STREET ADDRESS 11 VALENCIA CIRCLE  
CITY-ST-ZIP DEBARY, FL 32713

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE V ☒ Change ☐ Addition  
NAME SiSSon Kenneth B.  
STREET ADDRESS 2473 ARSIAN ST.  
CITY-ST-ZIP DELTONA, FL 32738

TITLE V ☒ Change ☐ Addition  
NAME KENNETH W. SISSON  
STREET ADDRESS 1007 CRESCENT PRKY  
CITY-ST-ZIP Deland, FL 32724

TITLE ☐ Change ☐ Addition  
NAME 300040323453  
STREET ADDRESS 08/19/04--01034--004 \*\*\*61.25  
CITY-ST-ZIP

TITLE P ☐ Change ☒ Addition  
NAME MARY JEAN SISSON  
STREET ADDRESS 1007 CRESCENT PRKY  
CITY-ST-ZIP Deland, FL 32724

TITLE S ☐ Change ☒ Addition  
NAME STACEY R. WILKINS  
STREET ADDRESS 1007 CRESCENT PRKY  
CITY-ST-ZIP Deland, FL 32720

TITLE  
NAME ☐ Change ☐ Addition  
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: Ken Sisson Ken Sisson 8-6-04 386-804-9356  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day (no Phone #)

FILED

04 AUG 12 AM 10:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



*[Handwritten signature]*