

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 24, 2005 08:00 AM
Secretary of State

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**

DO NOT WRITE IN THIS SPACE



02222005 No Chg-P CR2E034 (10/03)

4. FCI 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**

**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**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SISSON, KENNETH B 2473 ARSIAN STREET DELTONA, FL 32738
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SISSON, KENNETH W 1007 CRESCENT PARKWAY DELAND, FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SISSON, MARY JEAN 1007 CRESCENT PARKWAY DELAND, FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SISSON, KENNETH W 1007 CRESCENT PKWY DELAND, FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILKINS, STACEY R 1007 CRESENT PKWY DELAND, FL 32720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000240991
02/24/05-80026-008 150.00

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Kenneth W. Sisson **Kenneth W. Sisson 2-21-05 386-7749961**