

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90044 006 ***150.00

DOCUMENT # P99000064853

1. Entity Name

PAMELA R CASTLE ROOFING CO



Principal Place of Business

Mailing Address

~~803 NORTH FORREST AVENUE~~
~~KISSIMMEE FL 34741~~

~~803 NORTH FORREST AVENUE~~
~~KISSIMMEE FL 34741~~

2. Principal Place of Business

4128 S. ORANGE BLOSSOM TRAIL

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

KISSIMMEE, FL

City & State

FL

Zip

34746

Country

U.S.A.

Zip

Country

4. FEI Number

59-3600333

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CASTLE, PAMELA R
803 NORTH FORREST AVENUE
KISSIMMEE FL 34741

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Pamela R. Castle

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-25-04

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	PD	<input type="checkbox"/> Delete
NAME	CASTLE, PAMELA R	
STREET ADDRESS	803 N FORREST AVE	
CITY-ST-ZIP	KISSIMMEE FL 34741	
TITLE	TDV	<input type="checkbox"/> Delete
NAME	CASTLE, LEO F	
STREET ADDRESS	803 N FORREST AVE	
CITY-ST-ZIP	KISSIMMEE FL 34741	
TITLE	S	<input type="checkbox"/> Delete
NAME	PRESCOTT, NEAL	
STREET ADDRESS	1681 SUNDOWN CT	
CITY-ST-ZIP	DAVENPORT FL	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Pamela R. Castle

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-25-04

Date

407-518-6303

Daytime Phone #