

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000085000

1. Entity Name

SUPERIOR ROOF TILE MANUFACTURING, INC.



Principal Place of Business

**50 N HUGH ADAMS DR
DEFUNIAK SPRINGS, FL 32435**

Mailing Address

**50 N HUGH ADAMS DR
DEFUNIAK SPRINGS, FL 32435**



03232004 No Chg-P CR2E034 (10/03)

4. FEI Number

59-3627255

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**JONES, DENNIS A
50 N HUGH ADAMS DR
DEFUNIAK SPRINGS, FL 32435**

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	JONES, DENNIS A
STREET ADDRESS	50 N HUGH ADAMS DR
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32435
TITLE	ST
NAME	GRAY, MAGEE
STREET ADDRESS	50 N HUGH ADAMS DR
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32435
TITLE	M
NAME	LOWE, ALLAN J
STREET ADDRESS	50 N. HUGH ADAMS DR.
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32435
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000087342
03/26/04-80035-017 150.00

**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 19.07(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 #

ALLAN J. LOWE 3.25.04