2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P99000092969

1. Entity Name
KYZER QUALITY ROOFING, INC.

Principal Place of Business	Mailing Address
945 NEAL ROAD CANTONMENT, FL 32533	945 NEAL ROAD CANTONMENT, FL 32533

20043950

DO NOT WRITE IN THIS SPACE

01212005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3607043	Not Applicable

5. Certificate of Status Desired	☐	**$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KYZER, CHARLES DAVID
945 NEAL ROAD
CANTONMENT, FL 32533

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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 4-15-05

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	V
NAME	BYRD, JAMIE
STREET ADDRESS	8927 BRUNSON RD.
CITY-ST-ZIP	PENSACOLA, FL 32505

Please Delete

TITLE	P
NAME	KYZER, CHARLES DAVID
STREET ADDRESS	945 NEAL RD.
CITY-ST-ZIP	CANTONMENT, FL 32533

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 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: _____ DAVID KYZER   4-15-05   850-968-5505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #