

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90028 033 ***150.00

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1. Entity Name

KEN OLIVER ROOFING, INC.



Principal Place of Business

P O BOX 1200
UMATILLA FL 32784

Mailing Address

P O BOX 1200
UMATILLA FL 32784

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3615326

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OLIVER, KENNETH E
19920 ELDORADO DR.
EUSTIS FL 32736

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

Kenneth E. Oliver KENNETH E. OLIVER

2-2-04

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME OLIVER, KENNETH E
STREET ADDRESS 19920 ELDORADO DRIVE
CITY-ST-ZIP EUSTIS FL 32736

TITLE VD ☐ Change ☒ Addition
NAME VINCENT E. OLIVER
STREET ADDRESS 19920 ELDORADO DRIVE
CITY-ST-ZIP EUSTIS FL 32736

TITLE VPD ☒ Delete
NAME THOMPSON, RICKY
STREET ADDRESS 19920 ELDORADO DRIVE
CITY-ST-ZIP EUSTIS FL 32736

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SDD ☒ Delete
NAME THOMPSON, JACKIE
STREET ADDRESS 19920 ELDORADO DRIVE
CITY-ST-ZIP EUSTIS FL 32736

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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

Kenneth E. Oliver KENNETH E. OLIVER

2-2-04

Date

Daytime Phone #