

# ANNUAL REPORT (AR)

DOCUMENT # S83026

1. Entity Name

ATES ROOFING, INC.



**FILED**  
Feb 09, 2005 08:00 AM  
Secretary of State

Principal Place of Business

6011 HWY 85 N  
CRESTVIEW FL 32539  
US

Mailing Address

6011 HWY 85 N  
CRESTVIEW FL 32539  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/04)

4. FEI Number 59-3095974

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

ATES, ROGER  
6011 HWY. 85, N.  
CRESTVIEW FL 32536

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

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**  
**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	PCD	<input type="checkbox"/> Delete
NAME	ATES, ROGER	
STREET ADDRESS	6011 HWY. 85, N.	
CITY- ST- ZIP	CRESTVIEW FL	
TITLE	VCD	<input type="checkbox"/> Delete
NAME	ATES, MARY	
STREET ADDRESS	6011 HWY. 85, N.	
CITY- ST- ZIP	CRESTVIEW FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	DEWEES, WALTER	
STREET ADDRESS	801 BIRCH RIVER AVE	
CITY- ST- ZIP	CRESTVIEW FL 32539	
TITLE	S	<input type="checkbox"/> Delete
NAME	GODWIN, JIMMY	
STREET ADDRESS	6011 HWY 85 N	
CITY- ST- ZIP	CRESTVIEW FL 32539	
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	U00000222998	
STREET ADDRESS	02/10/05-80026-020 150.00	
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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)(f), 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:

*Roger Ates* **Rodger Ates**

Feb 2, 2005

850 682-0441

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #