

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # S87117

1. Entity Name

O'NEAL'S ROOFING CO. OF LAKE LAND, INC.



Principal Place of Business

6920 BARBARA JEAN LN
POLK CITY FL 33868
US

Mailing Address

PO BOX 595
POLK CITY FL 33868
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3012140

Applied For
Not Applicable

Zip

Country

Zip

Country

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

1st MOORE

CR2E034 (10/04)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

O'NEAL, ALICE
6920 BARBARA JEAN LN
POLK CITY FL 33868

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME O'NEAL, JAMES P. "PAT"
STREET ADDRESS 6920 BARBARA JEAN LN
CITY-ST-ZIP POLK CITY FL 33868 ☐ Delete

TITLE
NAME 000000337767
STREET ADDRESS 04/28/05-80009-021 150.00
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE STD
NAME O'NEAL, ALICE
STREET ADDRESS 6920 BARBARA JEAN LN
CITY-ST-ZIP POLK CITY FL 33868 ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Debit Phone #

Alice O'Neal Alice O'Neal 4-26-05 863-984-4007