2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # V36252

1. Entity Name
DARYL SCHRAM BUILDING AND ROOFING, INC.

Principal Place of Business	Mailing Address
4544 BARTELT ROAD HOLIDAY, FL 34690 US	PO BOX 3400 HOLIDAY, FL 34690 US

02042004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3122937

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SCHRAM, DARYL
4544 BARTELT ROAD
SUITE 101
HOLIDAY, FL 34690

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

U00000044627
02/11/04-80028-015 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SCHRAM, DARYL
STREET ADDRESS	1349 DINSMORE CT.
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655
TITLE	ST
NAME	SCHRAM, MARGARET
STREET ADDRESS	1349 DINSMORE COURT
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655
TITLE	VP
NAME	SCHRAM, ROBYN
STREET ADDRESS	7204 AMHURST WAY
CITY-ST-ZIP	CLEARWATER, FL 33764
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Daryl 2/5/04 727-937-7663
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #