

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 22, 2004 08:00 AM
Secretary of State

DOCUMENT # V61950

1. Entity Name
ROOFING UNLIMITED AND SHEET METAL, INC.



Principal Place of Business
**C/O BARBARA KIRKLAND/ROOFING UNLIMITED
1146 53RD COURT
WEST PALM BEACH, FL 33407**

Mailing Address
**C/O BARBARA KIRKLAND/ROOFING UNLIMITED
1146 53RD COURT
WEST PALM BEACH, FL 33407**



DO NOT WRITE IN THIS SPACE

07192004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0378421

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KIRKLAND, BARBARA
C/O ROOFING UNLIMITED
1146 53RD COURT
WEST PALM BEACH, FL 33407**

**DO NOT WRITE
IN THIS SPACE**

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
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KIRKLAND, BARBARA
% 1146 53RD COURT NORTH
W. PALM BEACH, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KIRKLAND, WILLIAM
% 1146 53RD COURT NORTH
W. PALM BEACH, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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07/22/04-80012-021 158.75

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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)(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: *Barbara Kirkland* **Barbara Kirkland** **7/19/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #