

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001895

FILED  
Jan 09, 2004  
Secretary of State

Entity Name: HAMLIN ROOFING COMPANY, INC.

**Current Principal Place of Business:**

1411 WEST GARNER ROAD  
GARNER, NC 27529

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 465  
GARNER, NC 27529

**New Mailing Address:**

FEI Number: 56-0903471      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TRIM, KEVIN S  
4724 FLOWERWOOD DRIVE  
TALLAHASSEE, FL 32303      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: HAMLIN, WILLIAM F JR.  
Address: 520 LAKESTONE DRIVE  
City-St-Zip: RALEIGH, NC 27609

Title: V      ( ) Delete  
Name: JEFFREYS, A W  
Address: 12405 RAVEN RIDGE ROAD  
City-St-Zip: RALEIGH, NC 27614

Title: S      ( ) Delete  
Name: HAMLIN, CHRISTINE H  
Address: 520 LAKESTONE DRIVE  
City-St-Zip: RALEIGH, NC 27609

Title: T      ( ) Delete  
Name: WILLIAMS, MICHAEL W  
Address: 104 WEST GERRELL COURT  
City-St-Zip: CARY, NC 27511

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL W. WILLIAMS

TREA

01/09/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date