

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000022280

FILED
Jan 09, 2009
Secretary of State

Entity Name: SITTE ROOFING & GUTTERING INC.

Current Principal Place of Business:

2140 SCURLOCK RD
SOUTHPORT, FL 32409 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 8688
SOUTHPORT, FL 32409 US

New Mailing Address:

FEI Number: 04-3610991 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SITTE, CAREY M
3577 CRYSTAL LAKE DR
CHIPLEY, FL 32428 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: PD () Delete
Name: SITTE, CAREY M
Address: PO BOX 8688
City-St-Zip: SOUTHPORT, FL 32409 US

Title: VD () Delete
Name: SITTE, DAVE A
Address: 1315 CAVANAUGH LANE
City-St-Zip: SOUTHPORT, FL 32409 FL

Title: STD () Delete
Name: SITTE, CATHY R
Address: PO BOX 8688
City-St-Zip: SOUTHPORT, FL 32409 US

Title: () Delete
Name:
Address:
City-St-Zip:

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: D () Change (X) Addition
Name: SITTE, CHAZ M
Address: 119 WHITE OAKS BLVD
City-St-Zip: SOUTHPORT, FL 32409

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: CAREY M SITTE

PD

01/09/2009

Electronic Signature of Signing Officer or Director

_____ Date