

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000058129

FILED  
Jun 17, 2009  
Secretary of State

Entity Name: R & K CERTIFIED ROOFING OF FLORIDA INC.

## Current Principal Place of Business:

1800 OLD MOODY BLVD.  
LOT 907  
BUNNELL, FL 32110

## New Principal Place of Business:

1800 OLD MOODY BLVD.  
LOT 986  
BUNNELL, FL 32110

## Current Mailing Address:

7 PRESS WAY  
PALM COAST, FL 32164 US

## New Mailing Address:

5 WASHTON PLACE  
PALM COAST, FL 32164 US

FEI Number: 20-8918759

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

REED, KENNETH M  
7 PRESS WAY  
PALM COAST, FL 32164 US

## Name and Address of New Registered Agent:

REED, KENNETH M  
5 WASHTON PLACE  
PALM COAST, FL 32164 US

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:

06/17/2009

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ( )

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: REED, KENNETH M  
Address: 7 PRESS WAY  
City-St-Zip: PALM COAST, FL 32164

Title: CFO ( ) Delete  
Name: DONALD, DONALD L  
Address: 7 PRESS WAY  
City-St-Zip: PALM COAST, FL 32164

Title: VPD ( ) Delete  
Name: REED, ANGELA M  
Address: 7 PRESS WAY  
City-St-Zip: PALM COAST, FL 32164

Title: VPD ( ) Delete  
Name: PILLO, JOSE A  
Address: 533 BOWMAN AVE  
City-St-Zip: DAYTONA BEACH, FL 32114

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: REED, KENNETH M  
Address: 5 WASHTON PLACE  
City-St-Zip: PALM COAST, FL 32164

Title: CFO (X) Change ( ) Addition  
Name: REED, DONALD L  
Address: 5 WASHTON PLACE  
City-St-Zip: PALM COAST, FL 32164

Title: VPD (X) Change ( ) Addition  
Name: REED, ANGELA M  
Address: 5 WASHTON PLACE  
City-St-Zip: PALM COAST, FL 32164

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

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: KENNETH M REED

PD

06/17/2009

Electronic Signature of Signing Officer or Director

Date