

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000091256

FILED
Jan 21, 2009
Secretary of State

Entity Name: AA ROOFING OF NORTH FLORIDA, INC.

Current Principal Place of Business:

8310 CRESTA WAY
JACKSONVILLE, FL 32211

New Principal Place of Business:

5310 CRESTA WAY
JACKSONVILLE, FL 32211

Current Mailing Address:

8310 CRESTA WAY
JACKSONVILLE, FL 32211

New Mailing Address:

5310 CRESTA WAY
JACKSONVILLE, FL 32211

FEI Number: 20-2930897

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEEKIN, DAVID J
8705 PERIMETER PARK BOULEVARD
SUITE 8
JACKSONVILLE, FL 32216 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: GRAHAM, JOHN H
Address: 5310 CRESTA WAY
City-St-Zip: JACKSONVILLE, FL 32211

Title: D () Delete
Name: PETTYJOHN, ROBERT
Address: 4788 YELLOW WATER ROAD
City-St-Zip: JACKSONVILLE, FL 32234

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: JOHN H. GRAHAM

P

01/21/2009

Electronic Signature of Signing Officer or Director

_____ Date