

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000059190

**FILED**  
**Mar 25, 2009**  
**Secretary of State**

**Entity Name:** J AND D ROOFING CONTRACTORS, INC.

**Current Principal Place of Business:**

12021 NW 14TH COURT  
PEMBROKE PINES, FL 33026

**New Principal Place of Business:**

**Current Mailing Address:**

8228 NW 8TH PLACE  
PLANTATION, FL 33324

**New Mailing Address:**

12021 NW 14TH COURT  
PEMBROKE PINES, FL 33026

**FEI Number:** 11-3777975

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NAHMOD, JAMES M  
12021 NW 14TH COURT  
PEMBROKE PINES, FL 33026 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: DP ( ) Delete  
Name: NAHMOD, JAMES M  
Address: 12021 NW 14TH COURT  
City-St-Zip: PEMBROKE PINES, FL 33026

Title: D ( ) Delete  
Name: NAHMOD, DONNA  
Address: 12021 NW 14TH COURT  
City-St-Zip: PEMBROKE PINES, FL 33026

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: D ( ) Change (X) Addition  
Name: YINGST, ROBERT  
Address: 5438 EGGLESTON ST  
City-St-Zip: ORLANDO, FL 32810

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: JAMES M. NAHMOD

DP

03/25/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date