

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000094121

FILED  
Apr 06, 2009  
Secretary of State

Entity Name: A&A ROOFING OF NORTHWEST FLORIDA, INC.

**Current Principal Place of Business:**

A & A ROOFING OF NW FL, INC.  
1911 S. HIGHWAY 77  
LYNN HAVEN, FL 32444 US

**New Principal Place of Business:**

**Current Mailing Address:**

A & A ROOFING OF NW FL, INC.  
1911 S. HIGHWAY 77  
LYNN HAVEN, FL 32444 US

**New Mailing Address:**

FEI Number: 59-3542280      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

NABORS, SCOTT R  
456 HARRISON AVE.  
PANAMA CITY, FL 32401 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: PO ( ) Delete  
Name: ANDREWS, GORDON  
Address: 200 MONTANA AVENUE  
City-St-Zip: LYNN HAVEN, FL 32444

Title: V ( ) Delete  
Name: PITTS, FREDDIE  
Address: 1215 KENTUCKY AVENUE  
City-St-Zip: LYNN HAVEN, FL 32444

Title: S ( ) Delete  
Name: ANDREWS, PAMELA E  
Address: 200 MONTANA AVENUE  
City-St-Zip: LYNN HAVEN, FL 32444

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

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

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

Title: V (X) Change ( ) Addition  
Name: PITTS, FREDDIE  
Address: 3541 E. BALDWIN RD.  
City-St-Zip: PANAMA CITY, FL 32405

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

Title: T ( ) Change (X) Addition  
Name: ANDREWS, MATTHEW G  
Address: 1016 TENNESSEE AVENUE  
City-St-Zip: LYNN HAVEN, FL 32444

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: GORDON A. ANDREWS

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04/06/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date