

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000145967

**FILED**  
**Mar 27, 2020**  
**Secretary of State**  
**3104216285CC**

**Entity Name:** ALLIED ROOFING CONSULTANTS & SERVICES, INC.

**Current Principal Place of Business:**

6040 S ORANGE AVE  
ORLANDO, FL 32809

**Current Mailing Address:**

6040 S. ORANGE AVE  
ORLANDO, FL 32809

**FEI Number: 74-3117930**

**Certificate of Status Desired: No**

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

BROOKS, JOANNE W  
6040 S. ORANGE AVE.  
ORLANDO, FL 32809 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRES  
Name            BROOKS, JOANNE W  
Address        6040 SOUTH ORANGE AVE  
City-State-Zip: ORLANDO FL 32809

Title            DIRECTOR  
Name            NGUYEN, LONG  
Address        6040 S ORANGE AVE  
City-State-Zip: ORLANDO FL 32809

Title            DIRECTOR  
Name            KURILLA, THOMAS  
Address        417 E. STATE STREET  
City-State-Zip: SALEM OH 44460

Title            DIRECTOR  
Name            JOHNSON, MIKE  
Address        3813 LINKVIEW DRIVE  
City-State-Zip: HOUSTON TX 77025

*I hereby 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 all other like empowered.*

**SIGNATURE: JOANNE W. BROOKS**

**P**

**03/27/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date