

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 470650

FILED
Jan 05, 2009
Secretary of State

Entity Name: TIP TOP ROOFING COMPANY, INC.

Current Principal Place of Business:

660 W. KENNEDY BLVD.
ORLANDO, FL 32810 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 941959
MAITLAND, FL 32794 US

New Mailing Address:

FEI Number: 59-1579353 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALLACE, WILLIAM, J
841 LAKE CATHERINE DRIVE
MAITLAND, FL 32751 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: PD () Delete
Name: WALLACE, WILLIAM J.
Address: 841 LAKE CATHERINE DRIVE
City-St-Zip: MAITLAND, FL 32751

Title: VP () Delete
Name: NELSON, WILLIAM
Address: 1001 SHEFFIELD CT
City-St-Zip: WINTER PARK, FL

Title: VP () Delete
Name: CANFIELD, DAVID A.
Address: 304 BLACK GUM TRAIL
City-St-Zip: LONGWOOD, FL 32779

Title: VP () Delete
Name: WILLIAM, WALLACE
Address: 470 FAIR FOX AVE.
City-St-Zip: WINTER PARK, FL 32789

Title: VP () Delete
Name: FREDERICK, GARY L.
Address: 7071 CITRUS POINT COURT
City-St-Zip: WINTER PARK, FL 32792

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: VP (X) Change () Addition
Name: WILLIAM, WALLACE
Address: 470 FAIR FOX AVE.
City-St-Zip: WINTER PARK, FL 32789

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: WILLIAM J. WALLACE

PRES

01/05/2009

Electronic Signature of Signing Officer or Director

_____ Date