

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 584850

FILED
Mar 05, 2009
Secretary of State

Entity Name: BOULERICE ROOFING, INC.

Current Principal Place of Business:

6735 W LEWDINGAR DR
HOMOSASSA, FL 34446 US

New Principal Place of Business:

6735 S LEWDINGAR DR
HOMOSASSA, FL 34446 US

Current Mailing Address:

PO BOX 1087
LECANTO, FL 34460 US

New Mailing Address:

FEI Number: 59-1871153 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POE, GARY A.
1243 S ESTATE PT
INVERNESS, FL 32650 US

Name and Address of New Registered Agent:

POE, GARY A.
1243 S ESTATE PT
INVERNESS, FL 34450 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:

03/05/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCEF () Delete
Name: BOULERICE, BARRY,
Address: 7480 S. HOBBS PT.
City-St-Zip: LECANTO, FL

Title: VPD () Delete
Name: BOULERICE, ROBERT T.,
Address: 7481 S. IRMA PT.
City-St-Zip: LECANTO, FL

Title: STVD () Delete
Name: BOULERICE, DAVID
Address: 7395 S AUTO CLUCK
City-St-Zip: LECANTO, FL 34461

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCEF (X) Change () Addition
Name: BOULERICE, BARRY,
Address: 7480 S. HOBBS PT.
City-St-Zip: LECANTO, FL 34461

Title: VPD (X) Change () Addition
Name: BOULERICE, ROBERT T.,
Address: 7481 S. IRMA PT.
City-St-Zip: LECANTO, FL 34461

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: BARRY J BOULERICE

PCEF

03/05/2009

Electronic Signature of Signing Officer or Director

Date