

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F58095

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: ROOF REPAIR SPECIALISTS, INC.

## Current Principal Place of Business:

784 HAROLD AVENUE  
WINTER PARK, FL 32789 US

## New Principal Place of Business:

2311 MOUNT VERNON STREET  
ORLANDO, FL 32803 US

## Current Mailing Address:

5619 INDIAN HILL ROAD  
ORLANDO, FL 32808 US

## New Mailing Address:

FEI Number: 59-2173377      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HARPER, WILLIAM E  
5619 INDIAN HILL ROAD  
ORLANDO, FL 32808 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: ED ( ) Delete  
Name: HARPER, WILLIAM E.  
Address: 5619 INDIAN HILLS RD  
City-St-Zip: ORLANDO, FL 32808 US

Title: V ( ) Delete  
Name: AILSWORTH, DAVID A.  
Address: 45 N. RANDIA DRIVE  
City-St-Zip: ORLANDO, FL 32807 US

Title: S ( ) Delete  
Name: HARPER, JO-ANN  
Address: 5619 INDIAN HILL RD  
City-St-Zip: ORLANDO, FL 32818

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ED (X) Change ( ) Addition  
Name: HARPER, WILLIAM E  
Address: 5619 INDIAN HILLS RD  
City-St-Zip: ORLANDO, FL 32808 US

Title: V (X) Change ( ) Addition  
Name: AILSWORTH, DAVID A  
Address: 45 N. RANDIA DRIVE  
City-St-Zip: ORLANDO, FL 32807 US

Title: S (X) Change ( ) Addition  
Name: HARPER, JO-ANN R  
Address: 5619 INDIAN HILL RD  
City-St-Zip: ORLANDO, FL 32818 US

Title: V ( ) Change (X) Addition  
Name: AILSWORTH, JASON S  
Address: 45 N. RANDIA  
City-St-Zip: ORLANDO, FL 32807 US

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 E. HARPER

ED

04/29/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date