

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F84043

FILED
Jan 22, 2009
Secretary of State

Entity Name: INTRACOASTAL ROOFING CO., INC.

Current Principal Place of Business:

1299 WEST ADAMS ST
PO BOX 10816
JACKSONVILLE, FL 322470816

New Principal Place of Business:

1299 WEST ADAMS ST
JACKSONVILLE, FL 322470816

Current Mailing Address:

1299 WEST ADAMS ST
PO BOX 10816
JACKSONVILLE, FL 322470816

New Mailing Address:

P.O. BOX 10816
JACKSONVILLE, FL 322470816

FEI Number: 59-2187055

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DE CICCIO, RALPH A
5941 HECKSCHER DRIVE
JACKSONVILLE, FL 32226 US

Name and Address of New Registered Agent:

DECICCO, RALPH A PRES
5941 HECKSCHER DRIVE
JACKSONVILLE, FL 32226 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: RALPH A. DECICCO

01/22/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DC () Delete
Name: DECICCO, KATHERINE H,
Address: 5941 HECKSCHER DR
City-St-Zip: JACKSONVILLE, FL 32226

Title: D () Delete
Name: SCARBORO, TRACY,
Address: 59 NITRAM AVE.
City-St-Zip: JACKSONVILLE, FL

Title: D () Delete
Name: PENDERGRASS, CAROLYN,
Address: 8105 N JAMAICA RD
City-St-Zip: JACKSONVILLE, FL

Title: PT () Delete
Name: DECICCO, RALPH A,
Address: 5941 HECKSCHER DR
City-St-Zip: JACKSONVILLE, FL

Title: D () Delete
Name: KITE, JOAN
Address: 6938 CORKWOOD RD.
City-St-Zip: JACKSONVILLE, FL

Title: D () Delete
Name: DECICCO, ERIK A
Address: 8105 JAMACIA RD N
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DC (X) Change () Addition
Name: DECICCO, KATHERINE H,
Address: 5941 HECKSCHER DR
City-St-Zip: JACKSONVILLE, FL 322263113

Title: D (X) Change () Addition
Name: SCARBORO, TRACY,
Address: 59 NITRAM AVE.
City-St-Zip: JACKSONVILLE, FL 32211

Title: D (X) Change () Addition
Name: PENDERGRASS, CAROLYN,
Address: 8105 N JAMAICA RD
City-St-Zip: JACKSONVILLE, FL 32216

Title: PT (X) Change () Addition
Name: DECICCO, RALPH A,
Address: 5941 HECKSCHER DR
City-St-Zip: JACKSONVILLE, FL 322263113

Title: D (X) Change () Addition
Name: KITE, JOAN
Address: 6938 CORKWOOD RD.
City-St-Zip: JACKSONVILLE, FL 32211

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: RALPH A. DECICCO

PRES

01/22/2009

Electronic Signature of Signing Officer or Director

Date