

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J48648

FILED  
Feb 02, 2010  
Secretary of State

Entity Name: RESIDENTIAL ROOFING, INC.

**Current Principal Place of Business:**

15619 CASHMERE LANE  
TAMPA, FL 33624 US

**New Principal Place of Business:**

**Current Mailing Address:**

15619 CASHMERE LANE  
TAMPA, FL 33624 US

**New Mailing Address:**

FEI Number: 59-2875944

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LAIR, JAMES A.  
15619 CASHMERE LANE  
TAMPA, FL 33624 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: P  
Name: LAIR, JAMES A.  
Address: 15619 CASHMERE LANE  
City-St-Zip: TAMPA, FL 33624

Title: V  
Name: JAMES A. LAIR  
Address: 15619 CASHMERE LANE  
City-St-Zip: TAMPA, FL 33624

Title: S  
Name: MIKE ALBERSON  
Address: 5101 LAKE LE CLARE RD.  
City-St-Zip: LUTZ, FL 33558

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: JAMES A. LAIR

P

02/02/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date