2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K30346

Entity Name: E & F ROOFING, INC.

3021 SW 9TH STREET

FORT LAUDERDALE, FL 33312

Address: City-St-Zip: FILED Jun 30, 2009 Secretary of State

| Littly Nan | ile. Eark | .COFING, | IIVC. | | | |
|--|---|-----------------------|---|---|--|--|
| Current Principal Place of Business: | | | | New Principal Place o | New Principal Place of Business: | |
| | TERRACE ERDALE, FL | 33312 | US | | | |
| Current Mailing Address: | | | | New Mailing Address | New Mailing Address: | |
| | TERRACE ERDALE, FL | 33312 | US | | | |
| FEI Number: | 65-0065190 | FEI Nu | ımber Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: Name | | | | Name and Address of | me and Address of New Registered Agent: | |
| BAY 10 FT. LAUDE | TERRACE ERDALE, FL named entit | | | purpose of changing its registered | office or registered agent, or both, | |
| SIGNATUR | | | | | | |
| Electronic Signature of Registered Agent | | | | | Date | |
| | | | .S., the corporation did n und Contribution(). | ot receive the prior notice. | | |
| OFFICERS AND DIRECTORS: | | | | ADDITIONS/CHANGE | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | PD CAPERS, JO 3319 NW 42 LAUDERDAL | ST | L 33309 | Title: Name: Address: City-St-Zip: | () Change() Addition | |
| Title: Name: Address: City-St-Zip: | ST CAPERS, ME 3319 NW 42 LAUDERDAL | ST. | L 33309 | Title: (Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: | VP SALLEY, NAT | () Delete THANIEL | | Title: Name: | () Change () Addition | |

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.

Address:

City-St-Zip:

SIGNATURE: JOHN CAPERS PS 06/30/2009