

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L48496

FILED
Jan 20, 2009
Secretary of State

Entity Name: ATLANTIC SIDING AND ROOFING OF CENTRAL FLORIDA INC

Current Principal Place of Business:

6767 HOFFNER ROAD
ORLANDO, FL 328223402

New Principal Place of Business:

Current Mailing Address:

6767 HOFFNER ROAD
ORLANDO, FL 328223402

New Mailing Address:

FEI Number: 59-3014765

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAMBERT, LYNNEN L
6767 HOFFNER ROAD
ORLANDO, FL 32812 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: PST () Delete
Name: GAGNE, MICHAEL,
Address: 6767 HOFFNER RD
City-St-Zip: ORLANDO, FL

Title: D () Delete
Name: GAGNE, MICHAEL,
Address: 6767 HOFFNER RD
City-St-Zip: ORLANDO, FL

Title: VP () Delete
Name: LAMBERT, LYNNEN L
Address: 724 CAVE HOLLOW LANE
City-St-Zip: ORLANDO, FL

Title: S () Delete
Name: LAMBERT, LYNNEN L
Address: 724 CAVE HOLLOW LANE
City-St-Zip: ORLANDO, FL 32828

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: GAGNE, MICHAEL,
Address: 6767 HOFFNER RD
City-St-Zip: ORLANDO, FL 32822 US

Title: D (X) Change () Addition
Name: GAGNE, MICHAEL,
Address: 6767 HOFFNER RD
City-St-Zip: ORLANDO, FL 32822 US

Title: VP (X) Change () Addition
Name: LAMBERT, LYNNEN L
Address: 5446 MING DR
City-St-Zip: ORLANDO, FL 32812 US

Title: S (X) Change () Addition
Name: LAMBERT, LYNNEN L
Address: 5446 MING DR
City-St-Zip: ORLANDO, FL 32812 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: LYNNEN L LAMBERT

VP

01/20/2009

Electronic Signature of Signing Officer or Director

Date