

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000058095

Entity Name: A+ ALL PRO ROOFING, INC.

FILED  
Feb 25, 2009  
Secretary of State

## Current Principal Place of Business:

4630 NE 35TH ST  
OCALA, FL 34479 US

## New Principal Place of Business:

## Current Mailing Address:

4630 NE 35TH ST  
OCALA, FL 34479 US

## New Mailing Address:

FEI Number: 59-3726999

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TACKETT, JEFFREY E  
4630 NE 35TH ST  
OCALA, FL 34479 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 ( ) Delete  
Name: TACKETT, JEFFREY E  
Address: 8860 SE 17TH COURT  
City-St-Zip: OCALA, FL 34480

Title: VP ( ) Delete  
Name: TACKETT, WADE G  
Address: 5165 SE 36TH AVENUE  
City-St-Zip: OCALA, FL 34480

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: TACKETT, WADE G  
Address: 13830 S.E. 124TH STREET  
City-St-Zip: OCKLAWAHA, FL 32179

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: JEFFREY E. TACKETT

P

02/25/2009

Electronic Signature of Signing Officer or Director

Date