

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000105833

FILED  
Feb 12, 2009  
Secretary of State

Entity Name: TIM STINTON ROOFING, INC.

## Current Principal Place of Business:

7264 SPENCER PARRISH ROAD  
PARRISH, FL 34219

## New Principal Place of Business:

7264 SPENCER PARRISH ROAD  
PARRISH, FL 34219 US

## Current Mailing Address:

7264 SPENCER PARRISH ROAD  
PARRISH, FL 34219

## New Mailing Address:

7264 SPENCER PARRISH ROAD  
PARRISH, FL 34219 US

FEI Number: 65-1150255

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ALL FLORIDA FIRM INC  
813 DELTONA BLVD  
STE A  
DELTONA, FL 32725 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: PD ( ) Delete  
Name: STINTON, TIMOTHY L  
Address: 7264 SPENCER PARRISH ROAD  
City-St-Zip: PARRISH, FL 34219

Title: STD ( ) Delete  
Name: STINTON, JANET A  
Address: 7264 SPENCER PARRISH ROAD  
City-St-Zip: PARRISH, FL 342199123

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: STINTON, TIMOTHY L  
Address: 7264 SPENCER PARRISH ROAD  
City-St-Zip: PARRISH, FL 34219 US

Title: STD (X) Change ( ) Addition  
Name: STINTON, JANET A  
Address: 7264 SPENCER PARRISH ROAD  
City-St-Zip: PARRISH, FL 342199123 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: TIM STINTON

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

MR.

02/12/2009

\_\_\_\_\_  
Date