## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000025264

Address:

City-St-Zip:

Entity Name: J.R.J.B. ROOFING CONTRACTORS INC.

FILED Sep 17, 2009 Secretary of State

	e. 6.14.6.D. 1	(00) 1100 0010110 (01)	5110, II <b>1</b> 0.			
Current Principal Place of Business:			New Prir	New Principal Place of Business:		
	LLSTREAM DI R, FL 33597	R				
Current Mailing Address:			New Mai	New Mailing Address:		
	LLSTREAM DI R, FL 33597	R		LID LOOP R, FL 33584		
FEI Number	: 54-2108216	FEI Number Applied For	( ) FEI Number Not Ap	plicable ( )	Certificate of Status Desired ( )	
Name and	Address of (	Current Registered Age	ent: Name an	d Address of	New Registered Agent:	
8129 SHE	IEZ, JORGE LLSTREAM DI R, FL 33597	R US				
	named entity e of Florida.	submits this statement fo	or the purpose of changing	its registered	office or registered agent, or both,	
SIGNATU	RE:					
	Electro	nic Signature of Register	ed Agent		Date	
		3(2)(b), F.S., the corporatio g Trust Fund Contribution (	n did not receive the prior not	ice.		
OFFICERS AND DIRECTORS:			<i>'</i>	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	PD ( ALDERMAN, JA 105 EUCLID LO SEFFNER, FL	OOP	Title: Name: Address: City-St-Zip:	(	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	STD ( STANNARD, PA 105 EUCLID LO SEFFNER, FL	OOP	Title: Name: Address: City-St-Zip:	(	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	MGR ( RODRIGUEZ, 3 8129 SHELLST WEBSTER, FL	ΓREAM DR	Title: Name: Address: City-St-Zip:	(	( ) Change ( ) Addition	
Title: Name:	(	) Delete	Title: Name:	VP (	( ) Change (X) Addition WALTER	

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:

18924 ROLLING OAKS DR

HUDSON, FL 34667

SIGNATURE: PATRICIA STANNARD STD 09/17/2009