

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000098552

FILED  
Apr 09, 2009  
Secretary of State

Entity Name: BRIAN M. FADDIS ROOFING INC.

**Current Principal Place of Business:**

2910 CIALELLA PASS.  
ST CLOUD, FL 34772

**New Principal Place of Business:**

**Current Mailing Address:**

2910 CIALELLA PASS.  
ST CLOUD, FL 34772

**New Mailing Address:**

FEI Number: 20-0176583      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FADDIS, BRIAN M  
2910 CIALELLA PASS.  
ST CLOUD, FL 34772      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: DP ( ) Delete  
Name: FADDIS, BRIAN M  
Address: 2910 CIALELLA PASS.  
City-St-Zip: ST CLOUD, FL 34772

Title: DV ( ) Delete  
Name: RUTLEDGE, MICHAEL J  
Address: 107 CELAVA CR  
City-St-Zip: KISSIMMEE, FL 34743

Title: DS (X) Delete  
Name: SAMEN, JAMES  
Address: 2127 BRANDCASTER CR  
City-St-Zip: OCOEE, FL 34761

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: DV (X) Change ( ) Addition  
Name: FADDIS, KEITH A  
Address: 893 SENECA TR  
City-St-Zip: ST CLOUD, FL 34772

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

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: BRIAN M. FADDIS

DP

04/09/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date