2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Mar 16, 2009
Secretary of State

DOCUMENT# P03000153179

Entity Name: ENGLEWOOD ROOFING, INC.

Current Principal Place of Business:

10520 EUSTON AVE
ENGLEWOOD, FL 34224

New Principal Place of Business:

Current Mailing Address:

10520 EUSTON AVE
ENGLEWOOD, FL 34224

New Mailing Address:

FEI Number: 20-0719168 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DAVIDS, RONALD W DPT
10520 EUSTON AVE
ENGLEWOOD, FL 34224 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

OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete
Name: DAVIDS, RONALD W
Address: 10520 EUSTON AVE
City-St-Zip: ENGLEWOOD, FL 34224

Title: S ( ) Delete
Name: DAVIDS, JACQUELINE
Address: 10520 EUSTON AVE
City-St-Zip: ENGLEWOOD, FL 34224

Title: VP ( ) Delete
Name: GARRISON, JOHN
Address: 14120 BETHESDA LANE
City-St-Zip: PORT CHARLOTTE, FL 33981

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: VP ( ) Change (X) Addition
Name: BAKER, STEVE
Address: 14159 SAUL LANE
City-St-Zip: PORT CHARLOTTE, FL 33981

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: JACQUELINE DAVIDS S 03/16/2009

Electronic Signature of Signing Officer or Director — Date