## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000096918

FILED Feb 25, 2009 Secretary of State

Entity Name: ACADEMY ROOFING AND SHEET METAL OF FLORIDA, INC.

**Current Principal Place of Business: New Principal Place of Business:** 1501 NW 12TH AVE POMPANO BEACH, FL 33069 **Current Mailing Address: New Mailing Address:** 1501 NW 12TH AVE POMPANO BEACH, FL 33069 FEI Number: 20-1304107 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MCDERMOTT, JOHN L MCDERMOTT, MARY SUE 1501 NW 12TH AVE. 2870 NE 9TH STREET POMPANO BEACH, FL 33069 US POMPANO BEACH, FL 33062 US 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: MARY SUE MCDERMOTT 02/25/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition MCDERMOTT, JOHN L Name: Name: 1501 NW 12TH AVE Address: Address: City-St-Zip: POMPANO BEACH, FL 33069 City-St-Zip: Title: VΡ Title: () Delete () Change () Addition Name: MCDERMOTT, MATTHEW SR Name: 6361 NE 14TH ST Address: Address: DES MOINES, IA 50313 City-St-Zip: City-St-Zip: Title: (X) Delete Title: VΡ () Change () Addition TURNER, DENNIS Name: Name: 1501 NW 12TH AVE Address: Address: City-St-Zip: POMPANO BEACH, FL 33069 City-St-Zip: Title: (X) Delete Title: () Change () Addition MCDERMONT, MARY S Name: Name: Address: 1501 NW 12TH AVE.. Address: City-St-Zip: POMPANO BEACH, FL 33069 City-St-Zip: Title: (X) Delete Title: () Change () Addition ANDERSON, LARRY Name: Name: 1501 NW 12TH AVE. Address: Address: City-St-Zip: POMPANO BEACH, FL 33069 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: JOHN L. MCDERMOTT PRES 02/25/2009