2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000121802

Entity Name: SPECIAL CARE ROOFING, INC.

FILED Jan 08, 2009 Secretary of State

Littly Name: 3FECIAL CARE ROOFING, INC.								
Current Principal Place of Business:					New Principal Place of Business:			
627 SAILFI WINTER S	SH ROAD PRINGS, FL	32708						
Current Mailing Address:					New Mailing Address:			
627 SAILFI WINTER S	SH ROAD PRINGS, FL	32708						
FEI Number:	20-1530483	FEI Nu	mber Applied For()	FEI Nun	nber Not Appl	icable ()	Certificate of Status Desired ()	
Name and	Address of	Current I	Registered Agent:		Name and	Address	of New Registered Agent:	
BAITY, HOWARD W JR. 627 SAILFISH ROAD WINTER SPRINGS, FL 32708 US					ALL FLORIDA FIRM, INC 813 DELTONA BLVD STE A BOX 1371986 DELTONA, FL 32725 US			
The above in the State		submits	this statement for the	purpose o	f changing i	ts registere	ed office or registered agent, or both,	
SIGNATURE: CHRISTINA CLARK FOR ALL FLORIDA FIRM,					NC 01/08/2009			
Electronic Signature of Registered Agent							Date	
Election Carr	paign Financir	ng Trust Fu	ınd Contribution ().					
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P (BAITY, HOWA 627 SAILFISH WINTER SPR	ROAD	2708		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	VP (BAITY, LIBBY 627 SAILFISH WINTER SPR	ROAD	:2708		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	VP (LAUDANI, ANT 1393 SANTIAC WINTER SPR	30 COURT	2708		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title:	ST () Delete			Title:	ST	(X) Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: CHRISTINA CLARK FOR HOWARD W BAITY JR

LAUDANI, JOHN JR.

1393 SANTIAGO COURT

WINTER SPRINGS, FL 32708

Name:

Address:

City-St-Zip:

Ρ

LAUDANI, JOHN JR.

1393 SANTIAGO COURT

WINTER SPRINGS, FL 32708

01/08/2009