2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000125307

City-St-Zip:

ORANGE PARK, FL 32065 US

Entity Name: BARCO ROOFING & CONSTRUCTION, INC.

FILED Jan 20, 2009 Secretary of State

Littly Nan	ile. BARCOT	ROOFING & CONSTRUCTIO	JIN, IINC.					
Current Principal Place of Business:				New Principal Place of Business:				
	HAFFEE ROAI VILLE, FL 322							
Current Mailing Address:				New Mailing Address:				
1523 CHAFFEE RD 12-133 JACKSONVILLE, FL 32221				1523 S. CHAFFEE ROAD #12-133 JACKSONVILLE, FL 32221				
FEI Number:	33-1099584	FEI Number Applied For ()	FEI Nur	nber Not Appl	icable ()	Certifica	ite of Status Des	sired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:				
COWEN, STACEY 1523 S. CHAFFEE ROAD #12-133 JACKSONVILLE, FL 32221 US				COWEN, STACY 1523 S. CHAFFEE ROAD #12-133 JACKSONVILLE, FL 32221 US				
The above in the State		submits this statement for the	e purpose c	of changing i	ts register	ed office or r	egistered age	nt, or both,
SIGNATURE: STACY COWEN				01/20/2009				
Electronic Signature of Registered Agent				Date				
Election Can	npaign Financin	g Trust Fund Contribution ().						
OFFICERS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:							
Title: Name: Address: City-St-Zip:	P (COWEN, STAC 1418 FALKIRK JACKSONVILL	COURT		Title: Name: Address: City-St-Zip:		() Change(() Addition	
Title: Name: Address: City-St-Zip:	O (COWEN, TODI 1418 FALKIRK JACKSONVILL	COURT		Title: Name: Address: City-St-Zip:		()Change(() Addition	
Title: Name: Address:	BARBER, ROB) Delete ERT E HOE TRAIL DRIVE		Title: Name: Address:	O BARBER, 332 ALVIS	(X) Change ROBERT E S RD.	() 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.

City-St-Zip:

JACKSONVILLE, FL 32220 US

SIGNATURE: STACY COWEN PRES 01/20/2009