2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# P05000017996

Entity Name: SUPERIOR ROOFING SOLUTIONS, INC.

Current Principal Place of Business:

PMB 231 WEST STATE RD 46
SANFORD, FL 32771

New Principal Place of Business:

108 LAKE MINNIE DR,
SANFORD, FL 32773

Current Mailing Address:

PMB 231 WEST STATE RD 46
SANFORD, FL 32771

New Mailing Address:

108 LAKE MINNIE DR.
SANFORD, FL 32773

FEI Number: 33-1166520 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEE, CHAD D
604 TUSCANY CT
SANFORD, FL 32771 US

Name and Address of New Registered Agent:

CASON, THOMAS R
108 LAKE MINNIE DR.
SANFORD, FL 32773 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: THOMAS R. CASON 04/16/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D (X) Delete
Name: LEE, CHAD D
Address: 604 TUSCANY CT
City-St-Zip: SANFORD, FL 32771

Title: D ( ) Delete
Name: CASON, TOM
Address: 108 LK MINNIE DR
City-St-Zip: SANFORD, FL 32771

Title: D (X) Delete
Name: PERKINS, PAT
Address: 3795 WOOD HURST CT
City-St-Zip: OVIEDO, FL 32766

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:

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: THOMAS R. CASON D 04/16/2009
Electronic Signature of Signing Officer or Director Date