

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000017996

FILED
Jul 20, 2009
Secretary of State

Entity Name: SUPERIOR ROOFING SOLUTIONS, INC.

Current Principal Place of Business:

108 LAKE MINNIE DR,
SANFORD, FL 32773

New Principal Place of Business:

Current Mailing Address:

108 LAKE MINNIE DR.
SANFORD, FL 32773

New Mailing Address:

P.O BOX
SANFORD, FL 32772

FEI Number: 33-1166520

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASON, THOMAS R
108 LAKE MINNIE DR.
SANFORD, FL 32773 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: D () Delete
Name: CASON, TOM
Address: 108 LK MINNIE DR
City-St-Zip: SANFORD, FL 32771

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PRES () Change (X) Addition
Name: CAMPBELL, DONALD
Address: 160 WILDWOOD DR
City-St-Zip: SANFORD, FL 32771

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: TOM CASON

D

07/20/2009

Electronic Signature of Signing Officer or Director

Date