

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000031447

Entity Name: JASU FLORIDA ROOFING, INC.

FILED
May 01, 2009
Secretary of State

Current Principal Place of Business:

2957 MAGNOLIA BLOSSOM CIRCLE
CLERMONT, FL 34711 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 430
MAGNOLIA, FL 34755 US

New Mailing Address:

FEI Number: 20-2385225

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEIVA, JAIME
2957 MAGNOLIA BLOSSOM CIRCLE
CLERMONT, FL 34711 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LEIVA, JAIME
Address: 2957 MAGNOLIA BLOSSOM CIRCLE
City-St-Zip: CLERMONT, FL 34711 US

Title: V[() Delete
Name: LEIVA, SUSAN
Address: 2957 MAGNOLIA BLOSSOM CIR
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: JAIME LEIVA

PD

05/01/2009

Electronic Signature of Signing Officer or Director

Date