

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000031538

FILED
Apr 17, 2009
Secretary of State

Entity Name: CHOSEN FEW ROOFING, INC.

Current Principal Place of Business:

2520 W GARDENIA DR.
CITRUS SPRINGS, FL 34434 US

New Principal Place of Business:

Current Mailing Address:

2520 W GARDENIA DR.
CITRUS SPRINGS, FL 34434 US

New Mailing Address:

FEI Number: 43-2076339 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KENNEY, DAVID S
2520 W GARDENIA DR.
CITRUS SPRINGS, FL 34434 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KENNEY, DAVID S
Address: 2520 W GARDENIA DR.
City-St-Zip: CITRUS SPRINGS, FL 34434 US

Title: VPT () Delete
Name: KENNEY, NATALIE L
Address: 2520 W GARDENIA DR.
City-St-Zip: CITRUS SPRINGS, FL 34434 US

Title: S () Delete
Name: BARTON, BOBBY A
Address: 9170 NORTH CEDAR COVE DRIVE
City-St-Zip: DUNNELLON, FL 34434 US

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: BARTON, BOBBY A
Address: 9170 NORTH CEDAR COVE DRIVE
City-St-Zip: DUNNELLON, FL 34434 US

Title: S () Change (X) Addition
Name: KENNEY, TIMOTHY D
Address: 2661 WEST PINTADO DRIVE
City-St-Zip: CITRUS SPRINGS, FL 34433

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: NATALIE L KENNEY

VPT

04/17/2009

Electronic Signature of Signing Officer or Director

_____ Date