2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000090832

Address:

City-St-Zip:

2824 SW NEWBERRY CT

PALM CITY, FL 34990

FILED Jul 06, 2009 Secretary of State

| Entity Na | me: ARK RO | OFING AND CONSTRUCTI | ON, INC. | | | | |
|---|---|--|---|--|--------------------------------|----------|--|
| Current P | rincipal Plac | e of Business: | New Prin | New Principal Place of Business: | | | |
| | EO AVENUE CE, FL 34982 | US | | | | | |
| Current M | lailing Addre | ss: | New Mail | New Mailing Address: | | | |
| | EO AVENUE CE, FL 34982 | US | | | | | |
| FEI Number: 20-3078508 FEI Number Applied For () | | FEI Number Not App | olicable () | Certificate of Status Desired () | | | |
| Name and | Address of | Current Registered Agent: | Name and | Name and Address of New Registered Agent: | | | |
| 1123 PASI | , ANTHONY \ EO AVENUE CE, FL 34982 | / US | | | | | |
| | named entity e of Florida. | submits this statement for the | ne purpose of changing | its registered | office or registered agent, of | or both, | |
| SIGNATU | RE: | | | | | | |
| | Electro | nic Signature of Registered | Agent | | Date | | |
| | | 93(2)(b), F.S., the corporation di ng Trust Fund Contribution (). | d not receive the prior notic | ce. | | | |
| OFFICER | S AND DIREC | CTORS: | ADDITIO | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | | | |
| Title: Name: Address: City-St-Zip: | P (PROFETA, AN 1123 PASEO / FT. PIERCE, F | AVENUE | Title: Name: Address: City-St-Zip: | PD (PROFETA, Al 1123 PASEO FT. PIERCE, | AVENUE | | |
| Title: Name: | D (X SERRANO, W | () Delete ILLIAM | Title: Name: | (| () Change () Addition | | |

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: ANTHONY PROFETA D 07/06/2009