## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000105916

FILED Apr 03, 2009 Secretary of State

Entity Nan	ne: KIRKEY R	OOFING, INC.			
Current Pr	rincipal Place	of Business:	New Principal Plac	e of Business:	
	MORRIS DR. DOD, FL 3423(	3			
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
535 PAUL MORRIS DR. ENGLEWOOD, FL 34233			P.O. BOX 1796 ENGLEWOOD, FL	P.O. BOX 1796 ENGLEWOOD, FL 34295	
FEI Number:	20-3325585	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
170 W. DE.	DUNKIN, P.A. ARBORN ST. DOD, FL 34223	3 US			
The above in the State		ubmits this statement for the	purpose of changing its registe	red office or registered agent, or both,	
SIGNATUR	RE:				
Electronic Signature of Registered Agent			ent	Date	
Election Can	npaign Financing	Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () SQUIER, CRAIG 535 PAUL MOR ENGLEWOOD,	RIS DR.	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D () SQUIER, PATRI 535 PAUL MOR ENGLEWOOD,	RIS DR.	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

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: CRAIG SQUIER 04/03/2009 D