2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000166814

FILED Apr 27, 2009 Secretary of State

Entity Name: PRIEBE ROOFING, INC.					
Current Principal Place of Business:			New Principal Place of Business:		
4020 PINE	LLA CIRCLE				
UNIT 510 PALM BEACH GARDENS, FL 33410					
PALIVI BEA	ACH GARDEN	S, FL 33410			
Current M	lailing Addre	ss:	New Mailing Address:		
	(ORY RIDGE / ICK, OH 4421				
FEI Number	: 20-3992996	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
PRIEBE, ELMER 1738 DEL WEBB BLVD WEST SUN CITY CENTER, FL 33573 US			BERNOIR, KEVIN D 512 DANIELS AVE ORLANDO, FL 32801	US	
	e named entity e of Florida.	submits this statement for the	purpose of changing its registered	office or registered agent, or both,	
SIGNATURE: KEVIN D BERNOIR				04/27/2009	
	Electro	nic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PRES (PRIEBE, MICH 5563 BROOK I MEDINA, OH	RUN	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	VP (CAROZZA, VIN 262 BIRCH AV NORTHFIELD,	ENUE	Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:	TREA (PRIEBE, KELL 5563 BROOK I MEDINA, OH	RUN	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name:	SEC (PRIEBE, ELME) Delete ER	Title: (Name:) 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.

Address:

City-St-Zip:

SIGNATURE: MICHAEL E PRIEBE **PRES** 04/27/2009

1738 DEL WEBB BLVD WEST

SUN CITY CENTER, FL 33573

Address:

City-St-Zip: