2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# P06000030999

Entity Name: KUZAK ROOFING, INC.

Current Principal Place of Business:

1423 ALLENDALE ROAD
WEST PALM BEACH, FL 33405 US

New Principal Place of Business:

4365 OKEECHOBEE BLVD
B10
WEST PALM BEACH, FL 33405 US

Current Mailing Address:

1423 ALLENDALE ROAD
WEST PALM BEACH, FL 33405 US

New Mailing Address:

4365 OKEECHOBEE BLVD
B10
WEST PALM BEACH, FL 33409 US

FEI Number: 20-8050012 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KUZAK, MELISSA A
1423 ALLENDALE ROAD
WEST PALM BEACH, FL 33405 US

Name and Address of New Registered Agent:

KUZAK, MELISSA A
4365 OKEECHOBEE BLVD
B10
WEST PALM BEACH, FL 33409 US

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: MELISSA A. KUZAK 03/20/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: KUZAK, MELISSA A
Address: 1423 ALLENDALE RAOD
City-St-Zip: WEST PALM BEACH, FL 33405

Title: VP ( ) Delete
Name: KUZAK, FRANK A
Address: 1299 ANHINGA DE
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: KUZAK, MELISSA A
Address: 4365 OKEECHOBEE BLVD B10
City-St-Zip: WEST PALM BEACH, FL 33409

Title: VP (X) Change ( ) Addition
Name: KUZAK, FRANK A
Address: 4365 OKEECHOBEE BLVD B10
City-St-Zip: WEST PALM BEACH, FL 33409

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: MELISSA A. KUZAK P 03/20/2009
Electronic Signature of Signing Officer or Director Date