

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000099259

FILED
Sep 18, 2009
Secretary of State

Entity Name: A ELITE ROOFING OF CITRUS COUNTY INC.

Current Principal Place of Business:

5 LYSILOMA CT
HOMOSASSA, FL 34446 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 227
LECANTO, FL 34460 US

New Mailing Address:

FEI Number: 20-5283004

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEVILLE, JASON L
11 TAFT ST.
BEVERLY HILLS, FL 34465 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BEVILLE, JASON L
Address: 11 TAFT ST.
City-St-Zip: BEVERLY HILLS, FL 34465 US

Title: D () Delete
Name: REED, MARK
Address: 8129 N VOYAGER DR
City-St-Zip: CITRUS SPRINGS, FL 34438 US

Title: V () Delete
Name: MAHONEY, PAMELA
Address: 11 TAFT ST
City-St-Zip: BEVERLY HILLS, FL 34465

Title: S () Delete
Name: INGRAM, MIKE
Address: 1133 N TRUDEL PT
City-St-Zip: CRYSTAL RIVER, FL 34429

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: () Change () Addition
Name:
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: PRES

OWNE

09/18/2009

Electronic Signature of Signing Officer or Director

Date