

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000077613

FILED  
Mar 31, 2009  
Secretary of State

Entity Name: ALLIANCE ROOFING CORPORATION

## Current Principal Place of Business:

4850 GROVERS RD.  
FORT PIERCE, FL 34951 US

## New Principal Place of Business:

242 OAK HAMMOCK CIRCLE SW  
VERO BEACH, FL 32962 US

## Current Mailing Address:

4850 GROVERS RD.  
FORT PIERCE, FL 34951 US

## New Mailing Address:

242 OAK HAMMOCK CIRCLE SW  
VERO BEACH, FL 32962 US

FEI Number: 26-0489218

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WARD, ERIC  
4850 GROVERS RD.  
FORT PIERCE, FL 34951 US

## Name and Address of New Registered Agent:

RYCKMAN, ADAM  
242 OAK HAMMOCK CIRCLE SW  
VERO BEACH, FL 32962 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: ADAM RYCKMAN

03/31/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: WARD, ERIC  
Address: 4850 GROVERS RD.  
City-St-Zip: FORT PIERCE, FL 34951 US

Title: VP ( ) Delete  
Name: WARD, RICHARD  
Address: 4850 GROVERS RD.  
City-St-Zip: FORT PIERCE, FL 34951 US

Title: S (X) Delete  
Name: RYCKMAN, ADAM  
Address: 4850 GROVERS RD.  
City-St-Zip: FORT PIERCE, FL 34951 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: RYCKMAN, ADAM  
Address: 242 OAK HAMMOCK CIRCLE SW  
City-St-Zip: VERO BEACH, FL 32962 US

Title: VP (X) Change ( ) Addition  
Name: WARD, ERIC  
Address: 2420 OAK HAMMOCK CIRCLE SW  
City-St-Zip: VERO BEACH, FL 32962 US

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: ADAM RYCKMAN

P

03/31/2009

Electronic Signature of Signing Officer or Director

Date