

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000109882

FILED  
Mar 24, 2009  
Secretary of State

Entity Name: CARROLLWOOD ROOFING SPECIALISTS INC.

## Current Principal Place of Business:

4115 WOODACRE LANE  
TAMPA, FL 33624

## New Principal Place of Business:

5132 PHEASANT WOODS DRIVE  
LUTZ, FL 33558

## Current Mailing Address:

4115 WOODACRE LANE  
TAMPA, FL 33624

## New Mailing Address:

5132 PHEASANT WOODS DRIVE  
LUTZ, FL 33558

FEI Number: 22-3969859

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: TALLMAN, JON  
Address: 4115 WOODACRE LANE  
City-St-Zip: TAMPA, FL 33624

Title: V ( ) Delete  
Name: GUZMAN, OSCAR  
Address: 4115 WOODACRE LANE  
City-St-Zip: TAMPA, FL 33624

Title: T ( ) Delete  
Name: SERNA, EDWIN  
Address: 4115 WOODACRE LANE  
City-St-Zip: TAMPA, FL 33624

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: TALLMAN, JON  
Address: 5132 PHEASANT WOODS DRIVE  
City-St-Zip: LUTZ, FL 33558

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: JON R TALLMAN

PRES

03/24/2009

Electronic Signature of Signing Officer or Director

Date