

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000070878

Entity Name: KLR ROOFING CORP.

**FILED**  
**Apr 14, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

6396 SHADOW CREEK VILLAGE CIRCLE  
LAKE WORTH, FL 33463 US

**New Principal Place of Business:**

**Current Mailing Address:**

6396 SHADOW CREEK VILLAGE CIRCLE  
LAKE WORTH, FL 33463 US

**New Mailing Address:**

FEI Number: 26-3068727

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FITZPATRICK, MICHELLE L  
6396 SHADOW CREEK VILLAGE CIRCLE  
LAKE WORTH, FL 33463 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: FITZPATRICK, MICHAEL J  
Address: 6396 SHADOW CREEK VILLAGE CIRCLE  
City-St-Zip: LAKE WORTH, FL 33463 US

Title: SVPD  
Name: FITZPATRICK, MICHELLE L  
Address: 6396 SHADOW CREEK VILLAGE CIRCLE  
City-St-Zip: LAKE WORTH, FL 33463 US

Title: T  
Name: FITZPATRICK, MICHAEL J  
Address: 6396 SHADOW CREEK VILLAGE CIRCLE  
City-St-Zip: LAKE WORTH, FL 33463 US

I hereby 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 all other like empowered.

SIGNATURE: MICHELLE FITZPATRICK

VP

04/14/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date