2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2009
Secretary of State

DOCUMENT# P08000080623

Entity Name: ATLANTIC ROOF CORPORATION

Current Principal Place of Business:

5315 NW 22ND AVE
TAMARAC, FL 33309 US

New Principal Place of Business:

Current Mailing Address:

5315 NW 22ND AVE
TAMARAC, FL 33309 US

New Mailing Address:

FEI Number: 26-3281657 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THE WOLFF LAW FIRM
1401 EAST BROWARD BOULEVARD
SUITE 204
FORT LAUDERDALE, FL 33301 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: P, D ( ) Delete
Name: CONN, MARIA
Address: 8743 THORNBROOK TERRACE POINT
City-St-Zip: BOYNTON BEACH, FL 33437 US

Title: VP,D ( ) Delete
Name: CONN, JOSEPH R
Address: 8743 THORNBROOK TERRACE POINT
City-St-Zip: BOYNTON BEACH, FL 33437

Title: D ( ) Delete
Name: CONN, JAMIE
Address: 8743 THORNBROOK TERRACE POINT
City-St-Zip: BOYNTON BEACH, FL 33437

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P, D (X) Change ( ) Addition
Name: CONN, MARIA E
Address: 8743 THORNBROOK TERRACE POINT
City-St-Zip: BOYNTON BEACH, FL 33437 US

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

Title: D (X) Change ( ) Addition
Name: CONN, JAMIE
Address: 3001 S OCEAN DR #1407
City-St-Zip: HOLLYWOOD, FL 33019

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: MARIA E CONN P, D 01/19/2009

Electronic Signature of Signing Officer or Director Date