

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000021382

Entity Name: CIRCLE L ROOFING, INC.

FILED
May 15, 2009
Secretary of State

Current Principal Place of Business:

7175 21ST ST E
SARASOTA, FL 34243 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 623
TALLEVAST, FL 34270 US

New Mailing Address:

FEI Number: 65-0398270

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

JESSE, LYNN
13206 LOST KEY PLACE
BRADENTON, FL 34202 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: JESSE LYNN

05/15/2009

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: CEO () Delete
Name: LYNN, JESSE J
Address: 7175 21ST ST E
City-St-Zip: SARASOTA, FL 34243 US

Title: P (X) Delete
Name: LYNN, LUCAS L
Address: 7175 21ST ST E
City-St-Zip: SARASOTA, FL 34243 US

Title: D (X) Delete
Name: LYNN, JAMES D
Address: 7175 21ST ST E
City-St-Zip: SARASOTA, FL 34243 US

Title: V (X) Delete
Name: LYNN, RAE DEAN
Address: 7175 21ST ST E
City-St-Zip: SARASOTA, FL 34243 US

Title: VT (X) Delete
Name: WAGNER, STEWARD
Address: 7175 21ST ST E
City-St-Zip: SARASOTA, FL 34243 US

Title: V (X) Delete
Name: SWEITZER, SCOTT
Address: 7175 21ST ST E
City-St-Zip: SARASOTA, FL 34243 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change () Addition
Name: LYNN, JESSE J
Address: 13206 LOST KEY PLACE
City-St-Zip: BRADENTON, FL 34202 US

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:

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: JESSE LYNN

PS

05/15/2009

Electronic Signature of Signing Officer or Director

Date