

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000009167

Entity Name: FLORIDA RIB-ROOF, INC.

FILED  
Mar 25, 2009  
Secretary of State

**Current Principal Place of Business:**

1685 W. BROADWAY STREET  
OVIEDO, FL 32765

**New Principal Place of Business:**

**Current Mailing Address:**

800 PICKERINGTON PLACE  
OVIEDO, FL 32765

**New Mailing Address:**

1685 W. BROADWAY STREET  
OVIEDO, FL 32765

FEI Number: 59-3332376

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FOUNTAIN, DENNIS F  
5703 RED BUG LAKE ROAD  
PMB 237  
WINTER SPRINGS, FL 32708 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 ( ) Delete  
Name: LALICH, ROBERT  
Address: 800 PICKERINGTON PLACE  
City-St-Zip: OVIEDO, FL 32765

Title: VP ( ) Delete  
Name: MITCHELL, CARL  
Address: 750 MORRISON ROAD  
City-St-Zip: ROSSVILLE, TN 38066

Title: SEC ( ) Delete  
Name: MITCHELL, CARL  
Address: 570 MORRISON ROAD  
City-St-Zip: ROSSVILLE, TN 38066

Title: TREA ( ) Delete  
Name: MITCHELL, CARL  
Address: 570 MORRISON ROAD  
City-St-Zip: ROSSVILLE, TN 38066

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VP (X) Change ( ) Addition  
Name: MITCHELL, CARL  
Address: 570 MORRISON ROAD  
City-St-Zip: ROSSVILLE, TN 38066

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: ROBERT J. LALICH

PRES

03/25/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date