

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000082745

FILED  
Apr 28, 2010  
Secretary of State

Entity Name: COVER-RITE, INC.

**Current Principal Place of Business:**

2999 PARKWAY CENTER COURT  
ORLANDO, FL 32808

**New Principal Place of Business:**

3444 PARKWAY CENTER COURT  
BLDG. 607  
ORLANDO, FL 32808

**Current Mailing Address:**

2903 HARRISON AVENUE  
ORLANDO, FL 32804

**New Mailing Address:**

FEI Number: 59-2802515      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

VENEGAS, SANDRA J ST  
2903 HARRISON AVENUE  
ORLANDO, FL 32804    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  
Name: VENEGAS, REYNALDO A PRESIDE  
Address: 2903 HARRISON AVENUE  
City-St-Zip: ORLANDO, FL 32804 US

Title: ST  
Name: VENEGAS, SANDRA J SEC/TRE  
Address: 2903 HARRISON AVE  
City-St-Zip: ORLANDO, FL 32804 US

Title: VP  
Name: VENEGAS, TYLER M VP  
Address: 2903 HARRISON AVE.  
City-St-Zip: ORLANDO, FL 32804 US

Title: VP  
Name: VENEGAS, ALEXANDER H VP  
Address: 2903 HARRISON AVE.  
City-St-Zip: ORLANDO, FL 32804 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: VENEGAS SANDRA

ST

04/28/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date