

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000082003

Entity Name: JOHN GILMORE ROOFING, INC.

FILED  
Mar 15, 2009  
Secretary of State

## Current Principal Place of Business:

11111-70 SAN JOSE BLVD  
PMB #196  
JACKSONVILLE, FL 32223 US

## New Principal Place of Business:

## Current Mailing Address:

11111-70 SAN JOSE BLVD  
PMB #196  
JACKSONVILLE, FL 32223 US

## New Mailing Address:

FEI Number: 59-3534071

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GILMORE, DONNA  
11647 GWYNFORD LANE  
JACKSONVILLE, FL 32223 US

## Name and Address of New Registered Agent:

GILMORE, DONNA M  
11650 MONTEZ LANE  
JACKSONVILLE, FL 32223 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: DONNA GILMORE

03/15/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete  
Name: GILMORE, JOHN  
Address: 11647 GWYNFORD LANE  
City-St-Zip: JACKSONVILLE, FL 32223

Title: DVPS ( ) Delete  
Name: GILMORE, DONNA  
Address: 11647 GWYNFORD LANE  
City-St-Zip: JACKSONVILLE, FL 32223

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change ( ) Addition  
Name: GILMORE, JOHN  
Address: 11650 MONTEZ LANE  
City-St-Zip: JACKSONVILLE, FL 32223

Title: DVPS (X) Change ( ) Addition  
Name: GILMORE, DONNA  
Address: 11650 MONTEZ LANE  
City-St-Zip: JACKSONVILLE, FL 32223

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: DONNA GILMORE

OFFI

03/15/2009

Electronic Signature of Signing Officer or Director

Date