

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000100872

Entity Name: WELLS ROOFING, INC.

FILED
Feb 24, 2009
Secretary of State

Current Principal Place of Business:

3145 BLUBELL ROAD
LAKE PLACID, FL 33852

New Principal Place of Business:

3145 BLUBELL ROAD
LAKE PLACID, FL 33852 US

Current Mailing Address:

P.O. BOX 2624
LAKE PLACID, FL 33862

New Mailing Address:

P.O. BOX 2624
LAKE PLACID, FL 33862 US

FEI Number: 65-0964409

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WELLS, LINNETTE
3145 BLUEBELL ROAD
LAKE WALES, FL 33853 US

Name and Address of New Registered Agent:

WELLS, LINNETTE
3145 BLUEBELL ROAD
LAKE PLACID, FL 33852 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: LINETTE WELLS

02/24/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PDT () Delete
Name: WELLS, ROBERT JAMES
Address: P.O. BOX 2624
City-St-Zip: LAKE PLACID, FL 33862

Title: VP () Delete
Name: WELLS, CRAIG M
Address: 310 N. PINE STREET
City-St-Zip: LAKE PLACID, FL 33852

Title: S (X) Delete
Name: WELLS, LINNETTE
Address: PO BOX 2624
City-St-Zip: LAKE PLACID, FL 33862

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: WELLS, ROBERT JAMES
Address: P.O. BOX 2624
City-St-Zip: LAKE PLACID, FL 33862 US

Title: DS (X) Change () Addition
Name: WELLS, LINNETTE
Address: P.O. BOX 2624
City-St-Zip: LAKE PLACID, FL 33862 US

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: LINETTE WELLS

SEC

02/24/2009

Electronic Signature of Signing Officer or Director

Date