

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000003786

FILED
Feb 09, 2009
Secretary of State

Entity Name: GREAT LAKES ROOFING AND INSULATION SYSTEMS, INC.

Current Principal Place of Business:

19022 S. M-129
SAULT SAINTE MARIE, MI 49783

New Principal Place of Business:

Current Mailing Address:

19022 S. M-129
SAULT SAINTE MARIE, MI 49783

New Mailing Address:

FEI Number: 38-3442673 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAYLOR, FRANK
8804 S. SEA OAKS WAY
VERO BEACH, FL 32967 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: PC () Delete
Name: MILLER, CRAIG D
Address: 507 OLMSTEAD
City-St-Zip: DETOUR VILLAGE, MI 49725

Title: WVC () Delete
Name: KENNEY, KEVIN S
Address: 312 E. SPRUCE STREET
City-St-Zip: SAULT SAINTE MARIE, MI 49783

Title: T () Delete
Name: KENNEY, LOIS
Address: 312 E. SPRUCE STREET
City-St-Zip: SAULT SAINTE MARIE, MI 49783

Title: D () Delete
Name: TAYLOR, FRANK H
Address: 8804 S. SEA OAKS WAY
City-St-Zip: VERO BEACH, FL 32967

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: KEVIN S KENNEY

WC

02/09/2009

Electronic Signature of Signing Officer or Director

_____ Date