

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000005343

Entity Name: REPUBLIC ROOFING, INC.

FILED  
May 15, 2009  
Secretary of State

**Current Principal Place of Business:**

3906 SENNA PLACE  
SUGARLAND, TX 77479

**New Principal Place of Business:**

**Current Mailing Address:**

16107 KENSINGTON DRIVE #233  
SUGARLAND, TX 77479

**New Mailing Address:**

FEI Number: 26-3595926

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LYNN, ASHLEY N  
13206 LOST KEY PLACE  
BRADENTON, FL 34202 US

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

LYNN, ASHLEY N  
8911 BLIND PASS ROAD  
309  
ST. PETERSBURG BEACH, FL 33706 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: \_\_\_\_\_

Electronic Signature of Registered Agent

05/15/2009

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PS ( ) Delete  
Name: LYNN, ASHLEY N  
Address: 13206 LOST KEY PLACE  
City-St-Zip: BRADENTON, FL 34202

Title: T (X) Delete  
Name: LYNN, RAEDEAN  
Address: 5402 1ST STREET  
City-St-Zip: BRADENTON, FL 34203

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

Title: PS (X) Change ( ) Addition  
Name: LYNN, ASHLEY N  
Address: 3906 SENNA PLACE  
City-St-Zip: SUGAR LAND, TX 77479

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: ASHLEY N. LYNN

Electronic Signature of Signing Officer or Director

PS

05/15/2009

Date