

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H27963

FILED  
Mar 16, 2012  
Secretary of State

Entity Name: MARION/SERVICE ROOFING & SHEET METAL COMPANY

**Current Principal Place of Business:**

1011 SW 33RD AVE  
STE-200  
OCALA, FL 34474

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1628  
OCALA, FL 34478

**New Mailing Address:**

FEI Number: 59-2462556

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SHANAHAN, TIMOTHY S  
1011 SW 33RD AVE  
STE-200  
OCALA, FL 34474 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

**OFFICERS AND DIRECTORS:**

Title: CSD  
Name: ESBENSHADE III, HARRY H.  
Address: 4403 3RD AVE  
City-St-Zip: VIENNA, WV 26105

Title: TREA  
Name: REAM, BRYAN J  
Address: 166 60 ST STREET  
City-St-Zip: VIENNA, WV 26105

Title: PD  
Name: SHANAHAN, TIMOTHY S.  
Address: 1011 SW 33RD AVE STE-200  
City-St-Zip: OCALA, FL

Title: VP  
Name: BELCHER, JONATHAN O  
Address: 1011 SW 33RD AVE STE-200  
City-St-Zip: OCALA, FL 34474

Title: VP  
Name: DAVIES, THOMAS R  
Address: 166 60TH STREET  
City-St-Zip: VIENNA, WV 26105

Title: VP  
Name: CLARK, ROBERT E  
Address: 4525 SW 52ND CIRCLE #108  
City-St-Zip: OCALA, FL 34474

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: BRYAN REAM

TREA

03/16/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date