

2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 12, 2007 8:00 am
Secretary of State

01-12-2007 90017 035 ***150.00

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01052007 Chg-P CR2E034 (12/06)

DOCUMENT # 560821			
1. Entity Name ROGER GIRGIS METAL WORKS, INCORPORATED			
Principal Place of Business 127 WILLOWBRANCH AVE JACKSONVILLE, FL 32097 US		Mailing Address 85754 BLACKMON RD YULEE, FL 32097 US	
2. Principal Place of Business - No P.O. Box # 127 Willowbranch Ave.		3. Mailing Address	
Suite, Apt. #, etc. # 1		Suite, Apt. #, etc.	
City & State Jacksonville, Fl.		City & State	
Zip 32254-4052	Country U.S.	Zip	Country
6. Name and Address of Current Registered Agent GIRGIS, ROGER M 85754 BLACKMON RD. YULEE, FL 32907		4. FEI Number 59-1811648	
		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent			
Name			
Street Address (P.O. Box Number is Not Acceptable)			
City		FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GIRGIS, ROGER M SR 85754 BLACKMON RD. YULEE, FL 32097 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST GIRGIS, JO ANN 85754 BLACKMON RD. YULEE, FL 32097 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>JoAnn Girgis</u>		Date: <u>1-6-07</u>	Daytime Phone #: <u>(904) 225-2958</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			