2008 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** Jan 14, 2008 08:00 A Secretary of State DOCUMENT # F05000001100 1. Entity Name ALABAMA ROOFING & SHEET METAL CO., INC. Principal Place of Business Mailing Address 1700 HILLYER ROBINSON PARKWAY P.O. BOX 454 ANNISTON, AL 36207 ANNISTON, AL 36202 01102008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 63-0509232 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CORPORATE ACCESS, INC. DO NOT WRITE 236 E. 6TH AVE. TALLAHASSEE, FL 32303 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) U00000784853 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 01/16/08-80071-021 158.75 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS PRES TITLE REID, WILLIAM E NAME STREET ADDRESS 1700 HILLYER ROBINSON PARKWAY CITY-ST-ZIP ANNISTON, AL 36207 TITLE NAME MCLEOD, RICHARD K STREET ADDRESS 1700 HILLYER ROBINSON PARKWAY CITY-ST-ZIP ANNISTON, AL 36207 TITLE SEC REID, WILLIAM E NAME STREET ADDRESS 1700 HILLYER ROBINSON PARKWAY DO NOT WRITE CITY-ST-ZIP ANNISTON, AL 36207 TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS

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: >

CITY-ST-ZIP

NING OFFICER OR DIRECTOR

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