


FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90075 016 ***150.00

0665284 AB

DOCUMENT # F94000006623

1. Entity Name
WEDGE ROOFING, INC.



Principal Place of Business
12 RAY ST
FLOMATON AL 36441
US

Mailing Address
12 RAY ST
FLOMATON AL 36441
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
63-1131168

Applied For
Not Applicable

5. Certificate of Status Desired
\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SMITH, CURTIS E
3111 HWY 168
CENTURY FL 32535

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, the registered agent.

SIGNATURE
Signature by _____ (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. \$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

P
WEDGEWORTH, DAN
12 RAY ST
FLOMATON AL 36441

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V
SPANN, WILLIAM J
374 FOREST HILL RD
FLOMATON AL 36441

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

S
WEDGEWORTH, RONALD
486 FOREST HILL RD
FLOMATON AL 36441

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CITY-ST-ZIP

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Change

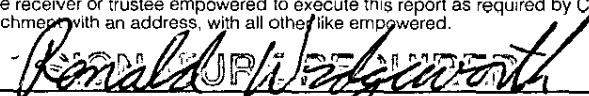
Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  4-7-03 251-296-3189

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #