2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # F97000006623

1. Entity Name
RIB ROOF METAL SYSTEMS, INC.

Principal Place of Business	Mailing Address
PO BOX 40 ROSSVILLE, TN 38066	PO BOX 40 ROSSVILLE, TN 38066

DO NOT WRITE IN THIS SPACE

01052004 No Chg-P CR2E034 (10/03)

4. FEI Number
62-1419735
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LALICH, ROBERT
400 PICKERINGTON PLACE
OVIEDO, FL 32765

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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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when changing)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PDC
NAME	MITCHELL, CARL
STREET ADDRESS	570 MORRISON RD.
CITY-ST ZIP	ROSSVILLE, TN 38066
TITLE	V
NAME	DODGE, RICHARD
STREET ADDRESS	570 MORRISON RD.
CITY ST ZIP	ROSSVILLE, TN 38066
TITLE	ST
NAME	MOSER, VERNE
STREET ADDRESS	2745 N. LOCUST AVE.
CITY ST ZIP	RIALTO, CA 92377
TITLE	DC
NAME	WAHLE, MICHAEL C
STREET ADDRESS	2745 N. LOCUST AVE.
CITY-ST-ZIP	RIALTO, CA 92377
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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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: Carl Mitchell 1/1/04 9018539062
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #