


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 08:00 AM
Secretary of State

DOCUMENT # F97000006623	
1. Entity Name RIB ROOF METAL SYSTEMS, INC.	

Principal Place of Business PO BOX 40 ROSSVILLE, TN 38066	Mailing Address PO BOX 40 ROSSVILLE, TN 38066
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01132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 62-1419735	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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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DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC MITCHELL, CARL 570 MORRISON RD. ROSSVILLE, TN 38066
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DODGE, RICHARD 570 MORRISON RD. ROSSVILLE, TN 38066
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MOSER, VERNE 2745 N. LOCUST AVE. RIALTO, CA 92377
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC WAHLE, MICHAEL C 2745 N. LOCUST AVE. RIALTO, CA 92377
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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04/22/06-80009-025 150.00

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:  **VP** **4/10/06** **901 853-9062**

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