2007 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 07, 2007 08:00 AM **DOCUMENT # H71312 Secretary of State** 1. Entity Name PALMER METAL & ROOFING SYSTEMS, INC. Principal Place of Business Mailing Address 636 WILKIE ST 636 WILKIE ST DUNEDIN, FL 34698 DUNEDIN, FL 34698 US No Chg-P CR2E034 (11/05) 01112007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2570371 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PALMER, HUGH DO NOT WRITE 636 WILKIE ST. DUNEDIN, FL 34698 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 ems, HUGH PALMER (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS STD TITLE PALMER, SCOTT H. NAME STREET ADDRESS 2824 N CENTRAL AVE CITY-ST-ZIP TAMPA, FL VD TILLE U00000625396 02/14/07-80074-001 150.00 NAME PALMER, GREGORY M. 2512 NASSAU LANE STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33312 TITLE PD PALMER, HUGH L NAME STREET ADDRESS 636 WILKIE ST DO NOT WRITE CITY-ST-ZIP DUNEDIN, FL 34698 IN THIS SPACE TITLE STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 cath; 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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

Dete

Daytime Phone #

FILED