


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 16, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000083489 1. Entity Name COPPERHEAD CUSTOM METAL ROOFS, INC.	
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Principal Place of Business 3518 SW 14TH PL CAPE CORAL, FL 33914	Mailing Address 3518 SW 14TH PL CAPE CORAL, FL 33914
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DO NOT WRITE IN THIS SPACE



01172005 No Chg-P CR2E034 (10/03)

4. FEI Number 33-1017327	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

**WISNIEWSKI, TINA
3518 SW 14TH PL
CAPE CORAL, FL 33914**

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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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	S WISNIEWSKI, TINA 3518 SW 14TH PL CAPE CORAL, FL 33914
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT WISNIEWSKI, JOSEPH A 3518 SW 14TH PL CAPE CORAL, FL 33914
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TONEY, ROBERT M 3518 SW 14TH PL CAPE CORAL, FL 33914
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **Tina Wisniewski** 2/9/05 239-549-5004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #