


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 25, 2006 8:00 am**  
**Secretary of State**

01-25-2006 90029 043 \*\*\*150.00

<b>DOCUMENT # P02000083489</b>					
<b>1. Entity Name</b> COPPERHEAD CUSTOM METAL ROOFS, INC.					
<b>Principal Place of Business</b> 3518 SW 14TH PL CAPE CORAL, FL 33914			<b>Mailing Address</b> 3518 SW 14TH PL CAPE CORAL, FL 33914		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 33-1017327	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  WISNIEWSKI, TINA 3518 SW 14TH PL CAPE CORAL, FL 33914			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE: NAME STREET ADDRESS CITY-ST-ZIP	S WISNIEWSKI, TINA 3518 SW 14TH PL CAPE CORAL, FL 33914	<input type="checkbox"/> Delete			
TITLE: NAME STREET ADDRESS CITY-ST-ZIP	PT WISNIEWSKI, JOSEPH A 3518 SW 14TH PL CAPE CORAL, FL 33914	<input type="checkbox"/> Delete			
TITLE: NAME STREET ADDRESS CITY-ST-ZIP	V TONEY, ROBERT M 3518 SW 14TH PL CAPE CORAL, FL 33914	<input checked="" type="checkbox"/> Delete			
TITLE: NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE: NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE: NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE: NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
<b>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.</b>					
<b>SIGNATURE:</b> <i>Tina L. Wisniewski</i>		Date: <i>1/23/06</i>		Daytime Phone #: <i>239-549-5004</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					