

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90272 008 ***158.75

DOCUMENT # P04628

1. Entity Name
STANDARD ROOFING OF MONTGOMERY, INC.



Principal Place of Business
516 N MCDONOUGH ST
MONTGOMERY, AL 36104

Mailing Address
P O BOX 1309
MONTGOMERY, AL 36102

40002543



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number
63-0848973

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TS
COX, STEVEN C
516 N. MCDONOUGH ST.
MONTGOMERY, AL 36104

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
TAYLOR, W. ROBBINS SR.
516 N. MCDONOUGH ST.
MONTGOMERY, AL 36104

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
TAYLOR, GEORGE L
516 N MCDONOUGH ST
MONTGOMERY, AL 36104

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVEN C. COX
SEC/TREAS.

1/5/06

Date

Daytime Phone #

334-265-1262