

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DO NOT WRITE IN THIS SPACE

40002543



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number 63-0848973	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$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

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when revising/altering) 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	TS
NAME	COX, STEVEN C
STREET ADDRESS	516 N. MCDONOUGH ST.
CITY-ST-ZIP	MONTGOMERY, AL 36104
TITLE	CD
NAME	TAYLOR, W. ROBBINS SR.
STREET ADDRESS	516 N. MCDONOUGH ST.
CITY-ST-ZIP	MONTGOMERY, AL 36104
TITLE	PD
NAME	TAYLOR, GEORGE L
STREET ADDRESS	516 N MCDONOUGH ST
CITY-ST-ZIP	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: 
STEVEN C. COX SEC/TREAS. 1/5/06 334-265-1262
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #