2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000161946

Entity Name: FORD METAL ROOFING, INC.

FILED Jan 19, 2009 Secretary of State

Current Principal Place of Business:			New Princi	New Principal Place of Business:	
2435 DOBE	BS ROAD				
SUITE K	BOTTOTAB				
	STINE, FL 32086	US			
Current Mailing Address:			New Mailin	New Mailing Address:	
2435 DOBE	BS ROAD				
SUITE K	OTINE EL CORO				
ST. AUGU	STINE, FL 32086	US			
FEI Number:	20-3920788 F	El Number Applied For()	FEI Number Not Applic	cable () Certificate of Status Desired ()	
Name and	Address of Cur	rent Registered Agent:	r Applied For () FEI Number Not Applicable () Certificate of Status Desired () istered Agent: Name and Address of New Registered Agent: statement for the purpose of changing its registered office or registered agent, or both, of Registered Agent Date		
	OBERT J RGANDY TRAIL VILLE, FL 32259	US			
	named entity sub e of Florida.	mits this statement for the p	ourpose of changing its	s registered office or registered agent, or both,	
SIGNATUF	RE:				
	Electronic S	Signature of Registered Age	ent	Date	
Election Can	npaign Financing Tr	ust Fund Contribution ().			
OFFICERS	S AND DIRECTO	RS:	ADDITIONS	S/CHANGES TO OFFICERS AND DIRECTORS	
T:41) (D - () D-	1-4-	T:U - :	() Ohamana () Addillian	
Title: Name:	VP () De MAUST, JOHANNA		Title: Name:	() Change () Addition	
Name: Address:	1216 N. BURGAND		Address:		
City-St-Zip:	JACKSONVILLE, F		City-St-Zip:		
City-St-Zip.	JACKSONVILLE, I	L 32239 00	City-St-Zip.		
Title:	P () De	ete	Title:	() Change () Addition	
Name:	MAUST, ROBERT J		Name:		
Address:	1216 N. BURGAND	Y TRAIL	Address:		
City-St-Zip:	JACKSONVILLE, F	L 32259 US	City-St-Zip:		
Title:	SEC ()De	ete	Title:	() Change () Addition	
	020 () 50		Name:	() Change () / Matter	
	FORD HAROLD T				
Name:	FORD, HAROLD T				
Name: Address:	FORD, HAROLD T 29 BERMUDA RUN ST. AUGUSTINE, F		Address: City-St-Zip:		
Name: Address: City-St-Zip:	29 BERMUDA RUN ST. AUGUSTINE, F	L 32080	Address: City-St-Zip:	VP (X) Change () Addition	
Name: Address: City-St-Zip: Title:	29 BERMUDA RUN ST. AUGUSTINE, F VP () De	L 32080 lete	Address: City-St-Zip: Title:	VP (X) Change () Addition	
Name: Address: City-St-Zip: Title: Name:	29 BERMUDA RUN ST. AUGUSTINE, F VP () De BARTHOLOMEW, (L 32080 lete BREGORY J	Address: City-St-Zip: Title: Name:	BARTHOLOMEW, GREGORY J	
Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	29 BERMUDA RUN ST. AUGUSTINE, F VP () De BARTHOLOMEW, (L 32080 lete BREGORY J ROSSING TRAIL APT:3408	Address: City-St-Zip: Title:	()	
Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	29 BERMUDA RUN ST. AUGUSTINE, F VP () De BARTHOLOMEW, 0 8335 FREEDOM C JACKSONVILLE, F	L 32080 lete BREGORY J ROSSING TRAIL APT:3408 L 32256	Address: City-St-Zip: Title: Name: Address: City-St-Zip:	BARTHOLOMEW, GREGORY J 3839 MILLPOINT DR JACKSONVILLE, FL 32257	
Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title:	29 BERMUDA RUN ST. AUGUSTINE, F VP () DE BARTHOLOMEW, 0 8335 FREEDOM C JACKSONVILLE, F SEC (X) DE	L 32080 lete GREGORY J ROSSING TRAIL APT:3408 L 32256	Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title:	BARTHOLOMEW, GREGORY J 3839 MILLPOINT DR	
Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name:	29 BERMUDA RUN ST. AUGUSTINE, F VP () DE BARTHOLOMEW, 0 8335 FREEDOM C JACKSONVILLE, F SEC (X) DE EMPSON, KIMBAL	L 32080 lete BREGORY J ROSSING TRAIL APT:3408 L 32256 lete M	Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name:	BARTHOLOMEW, GREGORY J 3839 MILLPOINT DR JACKSONVILLE, FL 32257	
Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title:	29 BERMUDA RUN ST. AUGUSTINE, F VP () DE BARTHOLOMEW, 0 8335 FREEDOM C JACKSONVILLE, F SEC (X) DE	L 32080 lete GREGORY J ROSSING TRAIL APT:3408 L 32256 lete M DR W #2	Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title:	BARTHOLOMEW, GREGORY J 3839 MILLPOINT DR JACKSONVILLE, FL 32257	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GREGORY BARTHOLOMEW VP 01/19/2009