


2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90043 024 ***150.00

DOCUMENT # P06000058652	
1. Entity Name MONTGOMERY METAL ROOFING INC	

Principal Place of Business 1523 MCKINNON BRIDGE ROAD PONCE DE LEON, FL 32455	Mailing Address 1523 MCKINNON BRIDGE ROAD PONCE DE LEON, FL 32455
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

	
04092007 Chg-P	CR2E034 (12/06)
4. FEI Number 20-4753668	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	
MONTGOMERY, DANNY H 1523 MCKINNON BRIDGE ROAD PONCE DE LEON, FL 32455	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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, 2007 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	P <input type="checkbox"/> Delete
NAME	MONTGOMERY, TIMOTHY G
STREET ADDRESS	1922 HARRISON ROAD
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32433
TITLE	SEC <input type="checkbox"/> Delete
NAME	MONTGOMERY, DANNY H
STREET ADDRESS	1523 MCKINNON BRIDGE ROAD
CITY-ST-ZIP	PONCE DE LEON, FL 32455
TITLE	VP <input type="checkbox"/> Delete
NAME	ROSS, ALVIN D
STREET ADDRESS	21 GATOR RUN
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32433
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Danny H Montgomery* **DANNY H Montgomery** 4-10-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #