

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000101904

FILED  
Mar 09, 2007  
Secretary of State

**Entity Name:** METAL ROOFING CONTRACTORS COMMERCIAL DIVISION, INC.

**Current Principal Place of Business:**

4685 95TH STREET NORTH  
ST. PETERSBURG, FL 33708

**New Principal Place of Business:**

**Current Mailing Address:**

4685 95TH STREET NORTH  
ST. PETERSBURG, FL 33708

**New Mailing Address:**

**FEI Number:** 20-5532220

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HUGHES, GARY L  
4685 95TH STREET NORTH  
ST. PETERSBURG, FL 33708 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BISHOP, KEVIN J  
Address: 13993 JAMICIA DRIVE  
City-St-Zip: SEMINOLE, FL 33706

Title: VP ( ) Delete  
Name: WEBER, JOSEPH J  
Address: 11400 4TH STREET NORTH, # 1114  
City-St-Zip: ST. PETERSBURG, FL 33716

Title: VP ( ) Delete  
Name: HUGHES, GARY L  
Address: 6968 122ND WAY NORTH  
City-St-Zip: SEMINOLE, FL 33772

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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:** GARY L. HUGHES

PRES

03/09/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date