

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 27, 2008 8:00 am
Secretary of State

08-27-2008 90010 033 ***550.00

DOCUMENT # P07000003451			
1. Entity Name MARIANNA METAL ROOFING, INC.			
Principal Place of Business 3644 HWY. 71 NORTH MARIANNA, FL 32446		Mailing Address 3644 HWY. 71 NORTH MARIANNA, FL 32446	
2. Principal Place of Business - No P.O. Box # 3638 Hwy 71 North <small>Suite, Apt. #, etc.</small>		3. Mailing Address 3638 Hwy 71 North <small>Suite, Apt. #, etc.</small>	
City & State MARIANNA FL		City & State MARIANNA, FL	
Zip 32446 Country USA		Zip 32446 Country USA	
4. FEI Number 20-8142443		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 FUQUA, H. MATTHEW 4450 LAFAYETTE ST. MARIANNA, FL 32447		7. Name and Address of New Registered Agent <small>Name</small> GARRY GOCHENAUR <small>Street Address (P.O. Box Number is Not Acceptable)</small> 3644 Hwy 71 N. <small>City</small> MARIANNA FL <small>Zip Code</small> 32446	
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:  DATE: 7/7/08 <small>Signature: typed or printed name of registered agent and title if applicable</small> <small>NOTE: Registered Agent signature required when reinstating</small>			
FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D GOCHENAUR, GARRY L 3082 OLD US RD. MARIANNA, FL 32446 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D GOCHENAUR, DEBRA L 3082 OLD US RD. MARIANNA, FL 32446 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 		DATE: 7/7/08 850-54-7990 <small>Date</small> <small>Business Phone #</small>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

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