

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P07000003451

1. Entity Name  
MARIANNA METAL ROOFING, INC.



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

08-27-2008 90010 033 \*\*\*550.00

40114400



07072008 Chg-P CR2E034 (12/06)

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  
Suite, Apt. #, etc.

3. Mailing Address  
3638 Hwy 71 North  
Suite, Apt. #, etc.

City & State  
MARIANNA, FL

City & State  
MARIANNA, FL

Zip 32446 Country USA

Zip 32446 Country USA

4. FEI Number  
20-8142443  
Applied For  
Not Applicable

5. Certificate of Status Desired  
 \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FUQUA, H. MATTHEW  
4450 LAFAYETTE ST.  
MARIANNA, FL 32447

Name GARRY GOCHENAUER  
Street Address (P.O. Box Number is Not Acceptable)  
3644 Hwy 71 N.

City MARIANNA FL Zip Code 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:

Signature, typed or printed name of registered agent and title if applicable

(INCFP: Registered Agent signature required when re-registering)

7/7/08

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D  Delete  
NAME GOCHENAUER, GARRY L  
STREET ADDRESS 3082 OLD US RD.  
CITY ST ZIP MARIANNA, FL 32446

TITLE D  Delete  
NAME GOCHENAUER, DEBRA L  
STREET ADDRESS 3082 OLD US RD.  
CITY ST ZIP MARIANNA, FL 32446

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY ST ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE  Change  Addition  
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STREET ADDRESS  
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TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE  Change  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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/7/08 850-594-7990