

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 08:00 A
Secretary of State

DOCUMENT # P11562

1. Entity Name
ROWELL ROOFING, INC.



Principal Place of Business
**170 INDUSTRIAL PARK RD
COLUMBIA, MS 39429**

Mailing Address
**HWY 35 NORTH BYPASS INDUSTRIAL PK #2
P.O. BOX 647
COLUMBIA, MS 39429**



04102008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 64-0615411	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

**DAVIS, MILES
425 E. GOVERNMENT STREET
PENSACOLA, FL 32501**

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U000000909638
05/06/08-80073-023-150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROWELL, H.B. 902 ELM STREET COLUMBIA, MS 39429
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROWELL, RANDALL B. 142 BRACEY RD KOKOMO, MS 39643
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROWELL, RENEE 170 INDUSTRIAL PARK ROAD COLUMBIA, MS 39429
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CREEL, FRANK 170 INDUSTRIAL PARK ROAD COLUMBIA, MS 39429
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KOENENN, JASON 170 INDUSTRIAL PARK RD COLUMBIA, MS 39429
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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]

Randall B. Rowell, President

4/10/08

601-736-9494

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #