


05-17-2005 90018 027 ***150.00

P28031

FILED

05 OCT -7 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P28031 1. Entity Name MERIDIAN ROOFING COMPANY	
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Principal Place of Business 802 HWY 19 N SUITE 190 MERIDIAN, MS 39307	Mailing Address 802 HWY 19 N SUITE 190 MERIDIAN, MS 39307
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05132005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 64-0661823	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered AgentCT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324**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 \$550.00
Due by September 7, 2005**9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees****10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FORISH, KENNETH 2000 RIVER EDGE PKWY., ST.E 800 ATLANTA, GA 30328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BURNAM, JOHN 301 HONEYSUCKLE DRIVE HATTIESBURG, MS 39402
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HOOD, WARREN A., JR. 3900 JAMESTOWN ROAD HATTIESBURG, MS 39402
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SIMMONS, HARRY C 5813 OAK STREET MERIDIAN, MS 39305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DAVIS, LARRY D 30 GRAND BAYOU CIRCLE HATTIESBURG, MS 39402
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

8/9/10/11

700059523497
09/12/05--01015--002 ***400.00**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

10/6/05 601-484-8906
Date Daytime Phone #