


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90214 010 ***150.00

DOCUMENT # P28031					
1. Entity Name MERIDIAN ROOFING COMPANY					
Principal Place of Business 802 HWY 19 N SUITE 190 MERIDIAN, MS 39307			Mailing Address 802 HWY 19 N SUITE 190 MERIDIAN, MS 39307		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 64-0661823	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		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	PD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FORISH, KENNETH		NAME	Farrish Kenneth	
STREET ADDRESS	2000 RIVER EDGE PKWY., ST.E 800		STREET ADDRESS		
CITY-ST-ZIP	ATLANTA, GA 30328		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BURNAM, JOHN		NAME		
STREET ADDRESS	301 HONEYSUCKLE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	HATTIESBURG, MS 39402		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HOOD, WARREN A., JR.		NAME		
STREET ADDRESS	3900 JAMESTOWN ROAD		STREET ADDRESS		
CITY-ST-ZIP	HATTIESBURG, MS 39402		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SIMMONS, HARRY C		NAME	CFO	
STREET ADDRESS	5813 OAK STREET		STREET ADDRESS	John Johnson	
CITY-ST-ZIP	MERIDIAN, MS 39305		CITY-ST-ZIP	802 Hwy 19 N Ste 190	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DAVIS, LARRY D		NAME		
STREET ADDRESS	30 GRAND BAYOU CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	HATTIESBURG, MS 39402		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u>John Johnson, CFO</u>			Date: <u>5/1/06</u> Daytime Phone #: <u>601-484-8906</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		