=2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

FILED
YEMADI 23, 2007, 08:00 AM
Secretary of State



04192007

No Chg-P

CR2E034 (11/05)

4. FEI Number 64-0661823

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

•	The characteristic authorize this statement for the authorize its varieties of an authorized and a serieties of a seriet	Charles and a second and a second and a second as a second
ο.	. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fi	riorida. ∃am tamiliar 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, 2007 Fee will be \$550.00

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 FARRISH, 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	CFO JOHNSON, JOHN 802 HWY 19 NORTH SUITE 190 MERIDIAN, MS 39307
TITLE NAME STREET ADDRESS CHY-SI-ZIP	VP DAVIS, LARRY D 30 GRAND BAYOU CIRCLE HATTIESBURG, MS 39402
TITLE NAME STREET ADDRESS CITY-ST-7IP	

____U00000721828 05/02/07-80006-025 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filling 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 attack-this with an exemption.

SIGNATURE:

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/07

601-484-8912

Daytime Phone