


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 14, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P28031</b> 1. Entity Name <b>MERIDIAN ROOFING COMPANY</b>	
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Principal Place of Business <b>802 HWY 19 N SUITE 190 MERIDIAN, MS 39307</b>	Mailing Address <b>802 HWY 19 N SUITE 190 MERIDIAN, MS 39307</b>
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01082008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>64-0661823</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE IN THIS SPACE**

**B.** 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 \_\_\_\_\_ (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

UN00000782838  
 01/15/08-80090-021 150.00

**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 CITY-ST-ZIP	VP DAVIS, LARRY D 30 GRAND BAYOU CIRCLE HATTIESBURG, MS 39402
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: John A. Johnson **John A. Johnson** 1-8-08 (601) 484-8992  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #