

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 27, 2007 08:00 AM
Secretary of State

DOCUMENT # P28369

1. Entity Name
TAMKO BUILDING PRODUCTS, INC.



Principal Place of Business
220 WEST FOURTH ST.
PO BOX 1404
JOPLIN, MO 64802 US

Mailing Address
PO BOX 1404
JOPLIN, MO 64802-1404 US

DO NOT WRITE IN THIS SPACE



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number
44-0502367

Applied For
Not Applicable

5. Certificate of Status Desired



**\$8.75 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**

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, 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 V
NAME EWERT, RICHARD A
STREET ADDRESS 220 WEST FOURTH STREET
CITY-ST-ZIP JOPLIN, MO 64801

TITLE V
NAME ROCK, TOM
STREET ADDRESS 220 WEST FOURTH STREET
CITY-ST-ZIP JOPLIN, MO 64801

TITLE PD
NAME HUMPHREYS, DAVID C
STREET ADDRESS 220 WEST FOURTH STREET
CITY-ST-ZIP JOPLIN, MO 64801

TITLE V
NAME WHELAN, TIMOTHY
STREET ADDRESS 220 WEST FOURTH STREET
CITY-ST-ZIP JOPLIN, MO 64801

TITLE V
NAME JONES, DAVID E
STREET ADDRESS 220 WEST FOURTH STREET
CITY-ST-ZIP JOPLIN, MO 64801

TITLE T
NAME BETEBENNER, SANDRA K
STREET ADDRESS 220 W 4TH ST
CITY-ST-ZIP JOPLIN, MO 64801

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04/04/07-80024-015 158.75

**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:

Sandra K. Betebenner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/07

Date

417-624-6644

Daytime Phone #