2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000009167

City-St-Zip:

FILED Jan 12, 2007 Secretary of State

Entity Name: FLORIDA RIB-ROOF, INC.								
Current Principal Place of Business:				New Principal Place of Business:				
1685 W. BI OVIEDO, F	ROADWAY S' FL 32765	TREET						
Current Mailing Address:				New Mailing Address:				
800 PICKE OVIEDO, F	RINGTON PL FL 32765	ACE						
FEI Number:	59-3332376	FEI Number Applied For ()	FEI Num	ber Not Appl	icable ()	Certific	ate of Status Desired ()	
Name and	Address of 0	Current Registered Agent:		Name and	Address o	f New Re	gistered Agent:	
FOUNTAIN, DENNIS F 5703 RED BUG LAKE ROAD WINTER SPRINGS, FL 32708 US				FOUNTAIN, DENNIS F 5703 RED BUG LAKE ROAD PMB 237 WINTER SPRINGS, FL 32708 US				
The above in the State	named entity of Florida.	submits this statement for the p	ourpose of	changing i	ts registere	d office or	registered agent, or both,	
SIGNATURE:				01/12/2007				
Election Con		nic Signature of Registered Age	ent				Date	
		g Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	P (LALICH, ROBE 800 PICKERIN OVIEDO, FL 3	GTON PLACE		Title: Name: Address: City-St-Zip:		() Change	() Addition	
Title: Name: Address: City-St-Zip:	VP (DODGE, RICK 570 MORRISO ROSSVILLE, T			Title: Name: Address: City-St-Zip:	VP MITCHELL, 750 MORRI ROSSVILLE	CARL	() Addition	
Title: Name: Address: City-St-Zip:	SEC (MITCHELL, CA 570 MORRISO ROSSVILLE, T	N ROAD		Title: Name: Address: City-St-Zip:		() Change	() Addition	
Title: Name: Address:	() Delete		Title: Name: Address:	TREA MITCHELL, 570 MORRI	CARL	(X) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

ROSSVILLE, TN 38066

SIGNATURE: ROBERT LALICH **PRES** 01/12/2007