




Jan 14  
Sec

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

|   |  |   |
|---|--|---|
| <b>DOCUMENT # P99000094561</b>  |  |    |
| 1. Entity Name<br><b>METAL ROOFING PRODUCTS, INC.</b>   |  |   |
| Principal Place of Business<br><b>204 MARILYN AVENUE<br/>FT. WALTON BEACH, FL 32548</b>   |  | Mailing Address<br><b>P.O. BOX 475<br/>MARY ESTHER, FL 32569</b>  |
| <b>DO NOT WRITE IN THIS SPACE</b>   |  |   |
|   |  | <br>01062004 No Chg-P CR2E034 (10/03)   |
| 4. FCI Number<br><b>59-3603959</b>  |  | Applied For<br>Not Applicable   |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>  |  | <b>\$8.75</b> Additional Fee Required   |
| 6. Name and Address of Current Registered Agent   |  |   |
| <b>LEE, ROXANNE<br/>204 MARILYN AVE.<br/>FT. WALTON BEACH, FL 32548</b>   |  | <b>DO NOT WRITE<br/>IN THIS SPACE</b>   |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when re-registering)</small> DATE _____  |  |   |
| <b>FILE NOW!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$550.00</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees |
| 10. OFFICERS AND DIRECTORS  |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP  | PS<br>LEE, ROXANNE M<br>204 MARILYN AVE<br>FORT WALTON BEACH, FL 32548 |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP  | V<br>LEE, ROY E<br>204 MARILYN AVE<br>FORT WALTON BEACH, FL 32548      |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP  |  |   |
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| <b>DO NOT WRITE<br/>IN THIS SPACE</b>   |  |   |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |  | <b>1/6/03</b> <b>850 244-7165</b><br><small>Date Day/Date Phone #</small>   |