

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # S71330

1. Entity Name

METAL ROOFING CONTRACTORS, INC.



Principal Place of Business

4685 95TH ST NORTH
SAINT PETERSBURG FL 33708-3721
US

Mailing Address

4685 95TH ST NORTH
SAINT PETERSBURG FL 33708-3721
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number **59-3077960**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUGHES, GARY L.
4685 95TH STREET NORTH
SAINT PETERSBURG FL 33708

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

G. Hughes

4/29/08

Signature, typed or printed name of registered agent and fee (if applicable).

(NOTE: Registered Agent's signature required when removing agent.)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS HUGHES, GARY L.
CITY-ST-ZIP 6968 122ND WAY NO.
SEMINOLE FL 33772

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS . U00000942333
CITY-ST-ZIP 05/29/08-80016-010 150.00

TITLE ☐ Delete
NAME SD
STREET ADDRESS HUGHES, PATRICIA J.
CITY-ST-ZIP 6968 122ND WAY NO.
SEMINOLE FL 33772

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME T
STREET ADDRESS JEFFREY C HUGHES
CITY-ST-ZIP 6968 122ND WAY N
SEMINOLE FL 33772

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME SD
STREET ADDRESS HUGHES, JENNIFER L
CITY-ST-ZIP 6968 122ND WAY N
SEMINOLE FL 33772

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

G. Hughes GARY L. HUGHES

4.29.08

727.392.3354

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number