

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 450948

**FILED**  
**Jan 12, 2006**  
**Secretary of State**

**Entity Name:** MIKE HARRELL ROOFING, INC.

**Current Principal Place of Business:**

3125 W THARPE ST  
TALLAHASSEE, FL 32303 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 20421  
TALLAHASSEE, FL 32316 US

**New Mailing Address:**

**FEI Number:** 59-1519775      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HARRELL, MICHAEL T  
1005 SHALIMAR DR.  
TALLAHASSEE, FL 32312 US

**Name and Address of New Registered Agent:**

HARRELL, MICHAEL T  
1501 ARGONNE ROAD  
TALLAHASSEE, FL 32308 US

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.

SIGNATURE: \_\_\_\_\_ 01/12/2006  
Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: HARRELL, MICHAEL T  
Address: 1005 SHALIMAR DR.  
City-St-Zip: TALLAHASSEE, FL 32312

Title: ST ( ) Delete  
Name: HARRELL, NANCY P.  
Address: 1005 SHALIMAR DRIVE  
City-St-Zip: TALLAHASSEE, FL 32312

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: HARRELL, MICHAEL T  
Address: 1501 ARGONNE ROAD  
City-St-Zip: TALLAHASSEE, FL 32308

Title: ST (X) Change ( ) Addition  
Name: HARRELL, NANCY P.  
Address: 1501 ARGONNE ROAD  
City-St-Zip: TALLAHASSEE, FL 32308

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.

SIGNATURE: NANCY P HARRELL ST 01/12/2006  
Electronic Signature of Signing Officer or Director Date