

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Jan 21, 2005 08:00 AM
Secretary of State**

DOCUMENT # L03000045247

1. Entity Name
CONLEY'S RE-ROOFING, LLC



Principal Place of Business
**475 NORTH DAKOTA AVE
POB 1242
LAKE ALFRED, FL 33850**

Mailing Address
**475 NORTH DAKOTA AVE
POB 1242
LAKE ALFRED, FL 33850**



01182005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1566080	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

5. Name and Address of Current Registered Agent

**CONLEY, CLYDE S SR.
6837 CONLEY DRIVE
POLK CITY, FL 33868**

**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 reissuing)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CONLEY, CLYDE S SR. POB 1242 POLK CITY, FL 33868
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**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Clyde S. Conley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

01/18/2005

Date

Daytime Phone #