


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90145 023 ****55.00

DOCUMENT # L03000056150 1. Entity Name JAMES HINKLE ROOFING LLC																																	
Principal Place of Business 62 NORWOOD DR PENSACOLA FL 32506			Mailing Address 62 NORWOOD DR PENSACOLA FL 32506																														
2. Principal Place of Business		3. Mailing Address																															
Suite, Apt. #, etc.		Suite, Apt. #, etc.																															
City & State		City & State																															
Zip 32506	Country ESCAMBIA	Zip 32506	Country ESCAMBIA																														
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent																														
HINKLE, JAMES D 62 NORWOOD DR PENSACOLA FL 32506			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>																														
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 <u><i>James Hinkle</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>																																	
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004																																	
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> MGRM DAUBA, JOEY 1905 DUNLAP ST PENSACOLA FL 32507 <input type="checkbox"/> Delete </td> </tr> <tr> <td> MGRM SIMS, JIMMY W 2712 WEST CROSS ST PENSACOLA FL 32505 <input type="checkbox"/> Delete </td> <td></td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAUBA, JOEY 1905 DUNLAP ST PENSACOLA FL 32507 <input type="checkbox"/> Delete	MGRM SIMS, JIMMY W 2712 WEST CROSS ST PENSACOLA FL 32505 <input type="checkbox"/> Delete												10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition												
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11. 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 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: <u><i>James D Hinkle</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																																	