2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 05, 2007
Secretary of State

DOCUMENT# L04000038281

Entity Name: HAROLD'S SIDING LLC

Current Principal Place of Business:

3958 HAL GALERNEAU LANE
GRACEVILLE, FL 32440

New Principal Place of Business:

1158 HWY 171
GRACEVILLE, FL 32440

Current Mailing Address:

3958 HAL GALERNEAU LANE
GRACEVILLE, FL 32440

New Mailing Address:

1158 HWY 171
GRACEVILLE, FL 32440

FEI Number: 76-0758804 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHAMBERS, HAROLD D
3958 HAL GALERNEAU LANE
GRACEVILLE, FL 32440 US

Name and Address of New Registered Agent:

CHAMBERS, HAROLD D
1158 HWY 171
GRACEVILLE, FL 32440 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: HAROLD CHAMBERS 01/05/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: CHAMBERS, HAROLD D
Address: 3958 HAL GALERNEAU LANE
City-St-Zip: GRACEVILLE, FL 32440

Title: MGRM ( ) Delete
Name: SMITH, GARY
Address: P O BOX 46
City-St-Zip: CAMPBELLTON, FL 32426

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: CHAMBERS, HAROLD D
Address: 1158 HWY 171
City-St-Zip: GRACEVILLE, FL 32440

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 is true and accurate and that my electronic 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: HAROLD CHAMBERS MGRM 01/05/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date