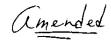
ANNUAL REPORT



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DOCUMENT # L040000 61496

1. Entity Name Harvey Roofing L.L.C.



FILED

	·	GO WE TO	07 NOV -6 PA 12. 41		
DO NOT W	RITE IN THIS	SPACE	SEURLIARY OF STAT TALLAHASSEE, FLORI	ŌA	
2. Principal Place of Business - No P.O.		•			
1872 Mills S1 STE Suite, Apt. #, etc.	872 M: s St STE D-10 Same		CR2E083B (5/07)		
Talla, FI	City & State		4. FEI Number 83-0404198	Applied For Not Applicable	
Zip Country 32310 Leo	Zip	Country	5. Certificate of Status Desired	\$5.00 Additional Fee Required	
6.		Name _	7. Name and Address of Current Registered	i Agent	
DO NO	T WRITE	Dan	. M. Harvey		
	S SPACE	Street Address	(P.O. Box Number is Not Acceptable) H: II's S+. STE D-/	0	
,		City Tall	ادر FL	Zip Code 323/ 0	
8. The above named entity submits this s the obligations of registered agent.	statement for the purpose of changir	·	red agent, or both, in the State of Florida. I am f		
SIGNATURE Signature, typed or printed name of re	egistered agent and title if applicable.	May	UA/€	06/07	
·	Make Check Pa	FEE IS \$50.00 syable to Florida Departme DUE BY MAY 1	ent of State	·	
T=	NG MEMBERS/MANAGERS	10.			
NAME JOS HICKS	6325 146				
STREET ADDRESS 9249 HWY 2	02		100112129571 11/08/0701051014 ***50.00		
	E, GA 31757				
NAME Dan M. HARVE	ક ર	0.1		-	
STREET ADDRESS 14572 Nov+6	West L AND	20.			
CITY-ST-ZIP Bristol,	<u> </u>			**	
NAME			DO NOT WR	ITE	
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STREET ADDRESS CITY-ST-ZIP					

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 NG MARAGING MEMBER, MANAGER, PR AUTHORIZED REPRESENTATIVE 850-556-3581