

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000002896

Entity Name: J.H. HARVEY CO., LLC

FILED
Apr 23, 2008
Secretary of State

Current Principal Place of Business:

727 SOUTH DAVIS ST
NASHVILLE, GA 31639

New Principal Place of Business:

Current Mailing Address:

ATTN: CARLA KIMREY
P.O. BOX 1330
SALISBURY, NC 28145

New Mailing Address:

ATTN: VIVIAN MULKEY
P.O. BOX 1330
SALISBURY, NC 28145

FEI Number: 05-0582869

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DIXON, R. GLENN JR
Address: 2100 EXECUTIVE DRIVE
City-St-Zip: SALISBURY, NC 281479007

Title: MGR () Delete
Name: ANICETTI, RICHARD A
Address: 2110 EXECUTIVE DR.
City-St-Zip: SALISBURY, NC 281479007

Title: MGR () Delete
Name: EVANS, G LINN
Address: 2110 EXECUTIVE DR.
City-St-Zip: SALISBURY, NC 281479007

ADDITIONS/CHANGES:

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: G. LINN EVANS

MGR

04/23/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date