

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000132859

FILED  
Jan 14, 2008  
Secretary of State

**Entity Name:** HARRELL ROOFING MANAGEMENT CORP.

**Current Principal Place of Business:**

3125 WEST THARPE STREET  
TALLAHASSEE, FL 32316

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 20421  
TALLAHASSEE, FL 32316

**New Mailing Address:**

**FEI Number:** 35-2190280

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HARRELL, T. MICHAEL  
3125 W. THARPE STREET  
TALLAHASSEE, FL 32303 US

**Name and Address of New Registered Agent:**

HARRELL, MICHAEL T  
1501 ARGONNE ROAD  
TALLAHASSEE, FL 32308 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: T. MICHAEL HARRELL

01/14/2008

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: HARRELL, T. MICHAEL  
Address: 1501 ARGONNE ROAD  
City-St-Zip: TALLAHASSEE, FL 32308

Title: STD ( ) Delete  
Name: HARRELL, NANCY P  
Address: 1501 ARGONNE ROAD  
City-St-Zip: TALLAHASSEE, FL 32308

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: HARRELL, MICHAEL T  
Address: 1501 ARGONNE ROAD  
City-St-Zip: TALLAHASSEE, FL 32308

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 or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: T. MICHAEL HARRELL

PD

01/14/2008

Electronic Signature of Signing Officer or Director

Date