

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000011192

FILED  
Jul 02, 2004  
Secretary of State

**Entity Name:** PROCON BUILDING PRODUCTS, LLC

**Current Principal Place of Business:**

381 ESCAMBIA DR.  
WINTER HAVEN, FL 33884

**New Principal Place of Business:**

**Current Mailing Address:**

381 ESCAMBIA DR.  
WINTER HAVEN, FL 33884

**New Mailing Address:**

2099 EXECUTIVE RD.  
# 63  
WINTER HAVEN, FL 33884

FEI Number: 81-0547344

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ALBRECHT, TIM  
381 ESCAMBIA DR.  
WINTER HAVEN, FL 33884

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

ALBRECHT, TIMOTHY D  
381 ESCAMBIA DR.  
WINTER HAVEN, FL 33884

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: TIMOTHY D. ALBRECHT

07/02/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: ALBRECHT, TIMOTHY D  
Address: 381 ESCAMBIA DR.  
City-St-Zip: WINTER HAVEN, FL 33884 US

**ADDITIONS/CHANGES:**

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 Section 119.07(3)(i), 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: TIMOTHY D. ALBRECHT

MGRM

07/02/2004

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