


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 08, 2005 8:00 am
Secretary of State

08-08-2005 90150 003 ****55.00

DOCUMENT # L04000045240

1. Entity Name
FIBERGLASS WORKS LLC



Principal Place of Business
**4 COMET CT
 PALM COAST, FL 32137**

Mailing Address
**PO BOX 350693
 PALM COAST, FL 32135-0693**

2. Principal Place of Business
10 WEYMOUTH LN

3. Mailing Address

Suite, Apt. #, etc.

City & State
PALM COAST FL

City & State

Zip
32164

Country
FLORIDA

6. Name and Address of Current Registered Agent

**ROMAN, CLAYDIO KALVIN
 4 COMET CT
 PALM COAST, FL 32137**

07302005 Chg-LLC CR2E083 (10/03)

4. FEI Number
26-0089928

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

7. Name and Address of New Registered Agent

Name
CORRECT SPELLING: CLAUDIO

Street Address (P.O. Box Number is Not Acceptable)
10 WEYMOUTH LANE

City
PALM COAST FL

Zip Code
32164

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restating)

Filing Fee is \$50.00 Due by September 7, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROMAN, CLAUDIO KALVIN 4 COMET CT PALM COAST, FL 32137 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify 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 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: *[Signature]* X **386-931-8699**

SIGNATURE AND TYPED OR PRINTED NAME OF ISSUING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #