

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000075267

FILED
Aug 27, 2006
Secretary of State

Entity Name: QUALITY POT METAL WORKS, LLC.

Current Principal Place of Business:

580-A WILMER AVE
ORLANDO, FL 32808 US

New Principal Place of Business:

2810 PARKWAY STREET
#5
LAKELAND, FL 33811 US

Current Mailing Address:

580-A WILMER AVE
ORLANDO, FL 32808 US

New Mailing Address:

2810 PARKWAY STREET
#5
LAKELAND, FL 33811 US

FEI Number: 20-3238265 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HUBBARD, STEVEN B
5931 KOOTER RD
LAKELAND, FL 33805 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: HUBBARD, STEVEN B
Address: 5931 KOOTER RD
City-St-Zip: LAKELAND, FL 33805 US

Title: MGR () Delete
Name: HUBBARD, SYLVIA E
Address: 5931 KOOTER RD
City-St-Zip: LAKELAND, FL 33805 US

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: HUBBARD, SYLVIA D
Address: 5931 KOOTER RD
City-St-Zip: LAKELAND, FL 33805 US

I hereby certify that the information supplied with this filing does not qualify for the 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: STEVEN B HUBBARD

MGR

08/27/2006

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