2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State
04-20-2005 90038 024 ****50.00

DOCUMENT # L03000043814

1. Entity Name
F&G SOFFIT AND SIDING LLC

Principal Place of Business	Mailing Address
839 BROOKSON AVE. PALM BAY, FL 32907	839 BROOKSON AVE. PALM BAY, FL 32907

DO NOT WRITE IN THIS SPACE

03122005 No Chg-LLC CR2E083 (10/03)

4. FEI Number
54-2133314
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FRAME, KRISTIEN C
839 BROOKSON AVE.
PALM BAY, FL 32907

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

Filing Fee is $50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	FRAME, KRISTIEN C
STREET ADDRESS	839 BROOKSON AVE.
CITY-ST-ZIP	PALM BAY, FL 32907
TITLE	MGRM
NAME	GRAHAM, WILLIAM
STREET ADDRESS	724-104 WILD STRAWBERRY LN NE
CITY-ST-ZIP	PALM BAY, FL 32905
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Kristien C Frame 4/4/05 (321) 243-7090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #