

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**


**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90071 033 \*\*\*\*50.00

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01062004 Chg-LLC CR2E083 (10/03)

DOCUMENT # L03000044161					
1. Entity Name VISUAL FINISH LLC					
Principal Place of Business 4610 A STREET ST. CLOUD, FL 34772			Mailing Address 4610 A STREET ST. CLOUD, FL 34772		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 027089001				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CHESNEY NORRIS, WILLARD JR 4610 A STREET ST. CLOUD, FL 34772				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE	MGR			TITLE	
NAME	CHESNEY NORRIS, WILLARD JR	<input type="checkbox"/> Delete		NAME	
STREET ADDRESS	4610 A STREET			STREET ADDRESS	
CITY-ST-ZIP	ST. CLOUD, FL 34772			CITY-ST-ZIP	
TITLE	MGRM			TITLE	
NAME	DEAN NORRIS, SPENCER	<input type="checkbox"/> Delete		NAME	
STREET ADDRESS	4610 A STREET			STREET ADDRESS	
CITY-ST-ZIP	ST. CLOUD, FL 34772			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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: <u>Willard C. Norris/Willard C. Norris, Jr.</u> 4/27/2004 407-922-2989					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
<small>Date Daytime Phone #</small>					