

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2005 08:00 AM
Secretary of State

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



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02132005No Chg-LLC CR2E083 (10/03)

4. FEI Number 02-7089001	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

CHESNEY NORRIS, WILLARD JR
 4610 A STREET
 ST. CLOUD, FL 34772

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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: Willard Chesney Norris Jr. DATE: 4/4/05

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

Filing Fee is \$50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CHESNEY NORRIS, WILLARD JR 4610 A STREET ST. CLOUD, FL 34772
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DEAN NORRIS, SPENCER 4610 A STREET ST. CLOUD, FL 34772
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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)(f), 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: Willard C. Norris Jr. DATE: 4/4/05 DAYTIME PHONE #: (407) 892-1546

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE