

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Apr 03, 2006  
Secretary of State**

DOCUMENT# L03000044161

Entity Name: VISUAL FINISH LLC

**Current Principal Place of Business:**

4610 A STREET  
ST. CLOUD, FL 34772

**New Principal Place of Business:**

**Current Mailing Address:**

4610 A STREET  
ST. CLOUD, FL 34772

**New Mailing Address:**

FEI Number: 02-7089001      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CHESNEY NORRIS, WILLARD JR  
4610 A STREET  
ST. CLOUD, FL 34772      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: CHESNEY NORRIS, WILLARD JR  
Address: 4610 A STREET  
City-St-Zip: ST. CLOUD, FL 34772

Title: MGRM ( ) Delete  
Name: DEAN NORRIS, SPENCER  
Address: 4610 A STREET  
City-St-Zip: ST. CLOUD, FL 34772

**ADDITIONS/CHANGES:**

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

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

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: WILLARD CHESNEY NORRIS JR.

MGR

04/03/2006

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