


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 06, 2004 8:00 am
Secretary of State

08-06-2004 90060 017 ****50.00

DOCUMENT # L03000045062					
1. Entity Name PAUL R. WALLACE SIDING, LLC					
Principal Place of Business RT 24 BOX 179 LAKE CITY, FL 32024			Mailing Address RT 24 BOX 179 LAKE CITY, FL 32024		
2. Principal Place of Business 434 RIDDLE LN		3. Mailing Address 434 RIDDLE LN			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State LAKE CITY FL		City & State LAKE CITY FL		4. FEI Number 450527536	
Zip 32024		Country USA		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 WALLACE, PAUL R RT 24 BOX 179 LAKE CITY, FL 32024			7. Name and Address of New Registered Agent 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 Signature, typed or printed name of registered agent and title if applicable.				(NOTE: Registered Agent signature required when reinstating) DATE <u>8/2/04</u>	
Filing Fee is \$50.00 Due by September 8, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WALLACE, PAUL R RT 24 BOX 179 LAKE CITY, FL 32024	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	434 RIDDLE LN LAKE CITY FL 32024	
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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>Paul R Wallace</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date <u>8/2/04</u>		Daytime Phone # <u>386-755-8830</u>



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

July 26, 2004

PAUL R. WALLACE SIDING, LLC
RT 24 BOX 179
LAKE CITY, FL 32024

SUBJECT: PAUL R. WALLACE SIDING, LLC
Ref. Number: L03000045062

Upon receipt of your letter and/or check(s) totaling \$50.00, no document was found. Please send your document with any fees due to:

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Ruby Dunlap
Document Specialist

Letter Number: 904A00047039