

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000047952

FILED
Apr 30, 2004
Secretary of State

Entity Name: JOHN HUFFMAN WINDOWS, LLC

Current Principal Place of Business:

420 SW CHURCH AVENUE
GREENVILLE, FL 32321 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 156
MONTICELLO, FL 32345 US

New Mailing Address:

FEI Number: 83-0377531

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUFFMAN, LAURA M
420 SW CHURCH AVENUE
GREENVILLE, FL 32321 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/MEMBERS:

Title: MGRM () Delete
Name: HUFFMAN, JOHN F
Address: 420 SW CHURCH AVENUE
City-St-Zip: GREENVILLE, FL 32321 US

Title: MGRM () Delete
Name: LUTZ, CHARLES W
Address: 252 COVE HAVEN DRIVE
City-St-Zip: MONTICELLO, FL 32344 US

Title: MGRM () Delete
Name: REID, JAMES W
Address: 75 COVE HAVEN DRIVE
City-St-Zip: MONTICELLO, FL 32344 US

ADDITIONS/CHANGES:

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

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 Section 119.07(3)(i), 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: JOHN F. HUFFMAN

MGRM

04/30/2004

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