
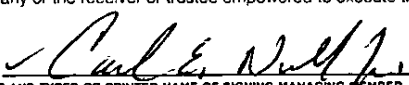
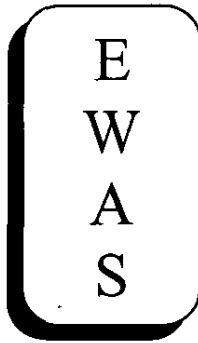


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90224 004 ****50.00

DOCUMENT # L03000048594 1. Entity Name NULL SOFFIT & SIDING, LLC					
Principal Place of Business 1565 MCGLON ROAD PIERSON, FL 32180			Mailing Address 1565 MCGLON ROAD PIERSON, FL 32180		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-0436889	
Zip		Country		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	
NULL, CARL E 1565 CGLON ROAD PIERSON, FL 32180				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NULL, CARL E 1565 MCGLON ROAD PIERSON, FL 32180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRUBBS, KIMBERLY A 1565 MCGLON ROAD PIERSON, FL 32180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NULL, TIMOTHY 1565 MCGLON ROAD PIERSON, FL 32180 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		02-13-06		352-266-6690	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	



East
Washington

Accounting 975 E. Washington Avenue
Services, Inc. (904) 501-0929

Pierson, FL 32180
Fax (386) 749-4471

ATTACHMENT

20011697

#L03000048594

**FILING INSTRUCTIONS
UNIFORM BUSINESS REPORT
2006**

CLIENT NULL SOFFIT & SIDING, LLC **DATE** February 10, 2006

ITEMS MARKED "X" REQUIRE YOUR ATTENTION.

- [X] **DATE DUE** On or before May 1, 2006; see note below.
- [X] **TAX DUE** \$50.00. Make your check payable to DEPARTMENT OF STATE and mail with the return.

**IF YOU FAIL TO FILE THE RETURN BY
MAY 1, 2006, PENALTIES WILL BE
ASSESSED INCLUDING POSSIBLE
DISSOLUTION OF YOUR
CORPORATION.**

- [X] **SIGNATURE** To be signed and dated by a member at the bottom of page 1 where indicated.
- [X] **MAIL TO** DIVISION OF CORPORATIONS
P.O. Box 6478
Tallahassee, FL 32314
(We have provided a pre-addressed envelope for your convenience.)
- [X] **COPY** Retain the "Client Copy" for your files.
- [X] **NOTE:** The attached return is based upon information contained in our files. If there have been any changes in officers or directors, please advise us immediately as it will be necessary to revise the annual report form.