

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 24, 2005 8:00 am**  
**Secretary of State**

03-24-2005 90206 017 \*\*\*\*\*55.00

**DOCUMENT # L03000652988**

1. Entity Name

G.A. BLEVINS/ DOOR & WINDOW SYSTEMS "LTD."  
"CO."



Principal Place of Business

6120 MAGNOLIA LANE  
LAKELAND FL 33810

Mailing Address

P.O. BOX 91812  
LAKELAND FL 33804-1812

2. Principal Place of Business

902 Lakehurst St.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Lakeland, FL

City & State

Zip

Country

6. Name and Address of Current Registered Agent

BLEVINS, GEORGE A  
6120 MAGNOLIA LANE  
LAKELAND FL 33810

4. FEI Number

42-1621382

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional  
Fee Required

7. Name and Address of New Registered Agent

Name

Blevins, George A

Street Address (P.O. Box Number is Not Acceptable)

902 Lakehurst St.

City

Lakeland

FL

Zip Code

33805

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

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2005**

9. MANAGING MEMBERS / MANAGERS

TITLE MGRM ☐ Delete  
NAME BLEVINS, GEORGE A  
STREET ADDRESS 6120 MAGNOLIA LANE  
CITY-ST-ZIP LAKELAND FL 33810

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS / CHANGES

☒ Change ☐ Addition  
NAME  
STREET ADDRESS 902 Lakehurst St.  
CITY-ST-ZIP Lakeland, FL 33805

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: George A. Blevins 2/1/05 (863) 816-7664  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #