2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L03000055918 Mar 20, 2007 08:00 AM 1. Entity Name **Secretary of State** WES'S VINYL SIDING, LLC Principal Place of Business Mailing Address 20306 BRANDON ROAD FOUNTAIN FL 32438 20306 BRANDON ROAD FOUNTAIN FL 32438 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) City & State City & State Applied For 4. FEI Number 20-0517071 Not Applicable Zip Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BARNES & JAMES, P.A. Street Address (P.O. Box Number is Not Acceptable) 2629 BLAIR STONE ROAD TALLAHASSEE FL 32301 Zip Codo 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. (NOTE, Registored Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 ADDITIONS/CHANGES 9. MANAGING MEMBERS/MANAGERS 10. HHE MGRM ☐ Delete TITLE □ Change ☐ Addition NAME HENDRIX, WESLEY S NAME STREET ADDRESS 20306 BRANDON ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FOUNTAIN FL 32438 ☐ Change IIIE Delete IIIŒ Addition U00000673240 NAME NAME STREET ADDRESS STREET ADDRESS 03/29/07-80021-005 55.00 CITY-ST-ZIP CITY-ST-ZIP TIEFE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - 7IP CITY-SJ-ZIP ☐ Defete ☐ Change TITLE ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITUS Change | Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; that I am a managing member or manager of the limited hability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Daytime Phone #