

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90042 039 ****50.00

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04232004 Chg-LLC CR2E083 (10/03)

DOCUMENT # L03000056136					
1. Entity Name HASS QUALITY FENCE LLC					
Principal Place of Business 1825 ELDORADO COURT ST. CLOUD, FL 34771			Mailing Address 1825 ELDORADO COURT ST. CLOUD, FL 34771		
2. Principal Place of Business 1825 Eldorado Ct St Cloud FL		3. Mailing Address 1825 Eldorado Ct			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State St Cloud, FL		City & State St Cloud, FL		4. FEI Number 75-311-3237	
Zip 34771		Country Osceola		Applied For Not Applicable	
Zip 34771		Country Osceola		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HASS, LORI J. 1825 ELDORADO COURT ST. CLOUD, FL 34771			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE	MGR	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HASS, LORI J			NAME	
STREET ADDRESS	1825 ELDORADO COURT			STREET ADDRESS	
CITY-ST-ZIP	ST. CLOUD, FL 34771			CITY-ST-ZIP	
TITLE	MGR	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HASS, THOMAS J			NAME	
STREET ADDRESS	1825 ELDORADO COURT			STREET ADDRESS	
CITY-ST-ZIP	ST. CLOUD, FL 34771			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: Lori Hass			Date: 4-23-04		Daytime Phone #: 407 729 7719
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					