

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90125 007 \*\*\*\*50.00

20053394



<b>DOCUMENT # L03000057329</b>					
1. Entity Name WISNOWSKI'S HOME ENHANCEMENTS, LLC					
Principal Place of Business 6907 CORRYDALE DRIVE PENSACOLA, FL 32506 US			Mailing Address 6907 CORRYDALE DRIVE PENSACOLA, FL 32506 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
04062005 Chg-LLC CR2E083 (10/03)				4. FEI Number <input type="checkbox"/> 83-0350334	
				Applied For <input type="checkbox"/> Not Applicable	
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		
WISNOWSKI, PAULA J 6907 CORRYDALE DRIVE PENSACOLA, FL 32506			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, 2005				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	WISNOWSKI, PAULA J		NAME		
STREET ADDRESS	6907 CORRYDALE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 32506		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WISNOWSKI, SHANE T		NAME		
STREET ADDRESS	6907 CORRYDALE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 32506		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WILLIAMS, GENE E		NAME		
STREET ADDRESS	490 BRAXTON ROAD		STREET ADDRESS		
CITY-ST-ZIP	GASKIN, FL 32435		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: <u>Paula J. Wisnowski (PAULA J. WISNOWSKI)</u>			Date: <u>04/28/05</u>		Daytime Phone #: <u>(850) 457-1081</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					