2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# L04000003799

Entity Name: WILSON SIDIN AND TRIM, LLC

Current Principal Place of Business:

1163 SOUTH BLVD.
CHIPLEY, FL 32428

New Principal Place of Business:

Current Mailing Address:

1163 SOUTH BLVD.
CHIPLEY, FL 32428

New Mailing Address:

FEI Number: 20-3142491 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILSON, JIMMY O JR
1163 SOUTH BLVD.
CHIPLEY, FL 32428 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: WILSON, JIMMY O JR
Address: 1163 SOUTH BLVD.
City-St-Zip: CHIPLEY, FL 32428

Title: MGR ( ) Delete
Name: SHELBY, BRANDON
Address: 406 E NEBRASKA AVE
City-St-Zip: BONIFAY, FL 32425

Title: MGR (X) Delete
Name: GRIFFIN, WILLIAM H
Address: C/O 1163 SOUTH BLVD
City-St-Zip: CHIPLEY, FL 32428

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: WILSON, JIMMY O JR
Address: 1163 SOUTH BLVD.
City-St-Zip: CHIPLEY, FL 32428

Title: MGRM (X) Change ( ) Addition
Name: SHELBY, BRANDON
Address: 406 E NEBRASKA AVE
City-St-Zip: BONIFAY, FL 32425

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JIMMY O. WILSON, JR. MGR 04/29/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date