


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L04000004959</b>	
1. Entity Name ACCURATE WINDOW & SCREEN, LLC	
	
Principal Place of Business 5700 N. NEBRASKA AVE. TAMPA, FL 33604	Mailing Address 5700 N. NEBRASKA AVE. TAMPA, FL 33604



04262007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3440910	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

HINES, KERMIT J  
5700 N. NEBRASKA AVE.  
TAMPA, FL 33604

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HINES, KERMIT J 1216 E JEAN ST TAMPA, FL 33604
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HINES, CHRIS 5100 N NEBRASKA AVE TAMPA, FL 33604
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HINES, LANA 1216 E JEAN ST TAMPA, FL 33604
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05/15/07-80117-008 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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: Kermit J. Hines  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date 04-27-07 Daytime Phone # \_\_\_\_\_

**ORIGINAL**