2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

SIGNATURE AND FED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

DOCUMENT # L04000006672

1. Entity Name

ADKINS ALUMINUM SIDING COMPANY LLC



Principal Place of Business

Mailing Address

2820 SUNNY POINT LANE PLANT CITY, FL 33565 US 2820 SUNNY POINT LANE PLANT CITY, FL 33565

FILED Apr 03, 2006 08:00 AM Secretary of State



03292006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-0639105 Applied For Not Applicable

5. Certificate of Status Desired

4-1-06

Date

\$5.00 Additional

813-154-2057

The state of the s

Daytime Phone #

Fee Required

6. Name and Address of Current Registered Agent

ADKINS, JAMES H 2820 SUNNY POINT LANE PLANT CITY, FL 33565

SIGNATURE:

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	named entity submits this statement for the purpose of chan lians of registered agent.	nging its registered office or registered agent, or both, in the State of Florida I am familiar w	ith, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title (I applicable.	(NOTE, Registered Agent signature required when reinstating) DATE	
Fi	iling Fee is \$50.00 ue by May 1, 2006		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ADKINS, JAMES H 2820 SUNNY POINT LANE PLANT CITY, FL 33565	U00000490168 04/18/06-80045-0	107 50.00
THILE NAME STREET AUDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CHY-ST-ZIP		DO NOT WRITE	
TITLE NAME STREET ADDRESS GITY-ST-ZIP		IN THIS SPACE	
HTLE NAME SIREET ADDRESS CHY-ST-ZIP			
MAME STREET ADDRESS CITY-ST-ZIP			
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 path; that I am a managing member or manager of the			