FILED Jun 10, 2005 8:00 am Secretary of State

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) DOCUMENT # L0400009000

1. Entity Nam	10	• ~		Secretary	01 26	aie	
ASHCROFT'S INTERIOR TRIM, LLC				05-20-2005 90208	028 ****50	0.00	
Principal Plac	a of Rusiness	Mailing Address					
Principal Place of Business 17886 LYNN ST		17886 LYNN ST		1			
PANAMA CITY FL 32413		PANAMA CITY FL 32413					
US		US			198 1811 1911 1910 m	7(5 B) III 1846	
2. Principal Place of Business 3. Mailing Address				IND I KUI DAIK ENKS D	164 III ING		
				·			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE CR2E	083 (10/04)		
City & State		City & State					
City of Olding		City & State		100000 7/506	/	pplied For ot Applicable	
Zip	Country	Zip	Country	5. Continues of Status Business	\$5.00 Ad		
				Certificate of Status Desired	Fao Require		
6. Name and Address of Current Registered Agent		Name	7. Name and Address of New Registers	d Agent			
ASHCROFT, SEAN P			Hairio	Name			
17886 LYNN ST			Street Addres	Street Address (P.O. Box Number is Not Acceptable)			
PANAMA CITY FL 32413			_				
			City				
	•		•	F	_		
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 Synature, typed or printed name of registered agent and title 4 applicable (NOTE Registered Agent signature required when remaining) DATE							
FILE NOW!!! FEE IS \$50.00							
Make Check Payable to Florida Department of State							
		Due	By May 1, 2005	ł		1	
9. MANAGING MEMBERS/MANAGERS			10.	ADDITIONS/CHANG	.s		
DATE	MGRM	☐ Deteta	THTLE		Change	Addition	
NAME STREET ADDRESS	ASHCROFT, SEAN P 17886 LYNN ST.		NAME STREET ADDRESS				
CITY-ST-ZIP	PANAMA CITY FL 32413		CITY-ST-ZIP				
TITLE		☐ Deleta	TITLE		☐ Change	Addition	
NAME			NAME				
STREET ADDRESS			STREET ADDRESS			1	
CHY-ST-ZIP			CITY-SI-ZIP				
NAME		☐ Detete	TITLE NAME		☐ Change	☐ Addition	
STREET ADDRESS			STREET ADDRESS			j	
CITY-ST-ZIP	İ		CITY-ST-ZIP			1	
TITLE		☐ Oeleta	nrie		Change	Addition	
NAME	f		HAME			_ (
STREET ADDRESS CHTY-ST-ZIP			STREET ADDRESS			į	
			CITY-ST-ZIP				
TITLE Name		☐ Defate	TITLE NAME		Change	☐ Addition	
STREET ACCIPESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-SI-ZIP			ĺ	
TITLE		☐ Delete	IITLE		☐ Change	Addition	
NAME			NAME		•	ĺ	
STREET ADDRESS CITY-ST-71P			STREET ADDRESS 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(3Xi), Florida Statutes. I further certify that the information							
indicated	on this report is true and accurate and	that my signature shall have th	e same legal effect as i	I made under oath: that I am a managing mem	eruny mananana berormanage	r of the	
limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.							
SIGNATURE: 200 P Short 5-14-05 258 4839							
SIGNATURE: 5-14-05 758 4839 SIGNATURE AND TYPED OR PRINTED NAME OF SCHOOL MANAGING SCHOOL OR AUTHORIZED REPRESENTATIVE DISC. DRIVER PRODUCT							