


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Aug 29, 2006 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L04000009000</b> 1. Entity Name <b>ASHCROFT'S INTERIOR TRIM, LLC</b>	
--	---

Principal Place of Business <b>17886 LYNN ST PANAMA CITY, FL 32413 US</b>	Mailing Address <b>17886 LYNN ST PANAMA CITY, FL 32413 US</b>
--	--

**DO NOT WRITE IN THIS SPACE**



08282006No Chg-LLC

CR2E083 (11/05)

4. FEI Number <b>02-0715061</b>	Applied For <input type="checkbox"/> 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

**ASHCROFT, SEAN P  
17886 LYNN ST.  
PANAMA CITY, FL 32413**

**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 renewing.) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by September 6, 2006**

000000575571-  
08/29/06-80007-014 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM ASHCROFT, SEAN P 17886 LYNN ST. PANAMA CITY, FL 32413</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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**  **Sean P. Ashcroft** 8-28-06 850-258-4839  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #