

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 15, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90018 032 \*\*\*\*50.00

<b>DOCUMENT # L04000066467</b>					
<b>1. Entity Name</b> PHIL'S WINDOW & SIDING, LLC					
<b>Principal Place of Business</b> 1127 S COOPER DRIVE DELTONA FL 32725 US			<b>Mailing Address</b> 1127 S COOPER DRIVE DELTONA FL 32725 US		
<b>2. Principal Place of Business</b> Suite, Apt. #, etc. 1087 South Cooper Dr.			<b>3. Mailing Address</b> Suite, Apt. #, etc. 1087 South Cooper Dr.		
City & State Deltona FL		City & State Deltona FL		<b>4. FEI Number</b> 201597179	
Zip 32725		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> NIGRO, PHIL 1127 S COOPER DRIVE DELTONA FL FL				<b>7. Name and Address of New Registered Agent</b> Name: PHIL NIGRO Street Address (P.O. Box Number is Not Acceptable) 1087 South Cooper Dr. City: Deltona FL Zip Code: 32725	
<b>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.</b> SIGNATURE: <small>Signature, typed or printed name of registered agent and file # as applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2005</b>					
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE	MGR	<input checked="" type="checkbox"/> Delete	TITLE	MGR. NIGRO, Phil	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NIGRO, PHIL		NAME	NIGRO, Phil	
STREET ADDRESS	1127 S COOPER DRIVE		STREET ADDRESS	1087 South Cooper Dr.	
CITY-ST-ZIP	DELTONA FL 32725		CITY-ST-ZIP	Deltona FL 32725	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.</b>					
<b>SIGNATURE</b>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
				<small>Date</small>	<small>Daytime Phone #</small>