2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2005
Secretary of State

DOCUMENT# L04000074059

Entity Name: FIX FORM & FINISH, LLC

Current Principal Place of Business:

702 DELAWARE AVE
ST CLOUD, FL 34769 US

New Principal Place of Business:

Current Mailing Address:

702 DELAWARE AVE
ST CLOUD, FL 34769 US

New Mailing Address:

FEI Number: 20-1739164 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ABSHIER, SCOTT
702 DELAWARE AVE
ST CLOUD, FL 34769 US

Name and Address of New Registered Agent:

ABSHIER, SCOTT D MGMR
702 DELAWARE AVE
ST CLOUD, FL 34769 US

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.

SIGNATURE: SCOTT D. ABSHIER, MGRM 04/19/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MRGM ( ) Delete
Name: ABSHIER, SCOTT
Address: 702 DELAWARE AVE
City-St-Zip: ST CLOUD, FL 34769 US

Title: MGRM ( ) Delete
Name: ABSHIER, ELIZABETH
Address: 702 DELAWARE AVE
City-St-Zip: ST CLOUD, FL 34769 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: ABSHIER, SCOTT D MGRM
Address: 702 DELAWARE AVE
City-St-Zip: ST CLOUD, FL 34769 US

Title: MGRM (X) Change ( ) Addition
Name: ABSHIER, ELIZABETH G MGRM
Address: 702 DELAWARE AVE
City-St-Zip: ST CLOUD, FL 34769 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: SCOTT D. ABSHIER, MGRM MGRM 04/19/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date