

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Feb 06, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000079815



1. Entity Name

M & N HOME IMPROVEMENT OF PCB LLC

Principal Place of Business

**9213 FAITH LANE
PANAMA CITY BEACH FL 32408
US**

Mailing Address

**9213 FAITH LANE
PANAMA CITY BEACH FL 32408
US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

74-3133647

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$5.00 Additional
Fee Required**

1st MOORE

CR2E083 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MATTHEWS, JERRY
9213 FAITH LANE
PANAMA CITY BEACH FL 32408**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 registering)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**MGRM
MATTHEWS, JERRY
9213 FAITH LANE
PANAMA CITY BEACH FL 32408**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**000000624514
02/14/07-80036-007 55.00**

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**MGRM
MATTHEWS, RYAN JASON
9213 FAITH LANE
PANAMA CITY BEACH FL 32408**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**MGRM
MATTHEWS, LUELLA FAY
9213 FAITH LANE
PANAMA CITY BEACH FL 32408**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

R. Jerry Matthews

2/4/07

850-230-8536

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

Date

Daytime Phone #