


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90038 045 ****50.00

DOCUMENT # L05000015580	
1. Entity Name BOB VINYL SIDING LLC	

Principal Place of Business 491 SARA AVE MARY ESTHER, FL 32569	Mailing Address 491 SARA AVE MARY ESTHER, FL 32569
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2. Principal Place of Business - No P.O. Box # 50 LAURIE DR	3. Mailing Address 50 LAURIE DR
Suite, Apt. #, etc. FORT WALTON BEACH	Suite, Apt. #, etc. FORT WALTON BEACH
City & State FLORIDA	City & State FLORIDA
Zip 32548	Country U.S.A.

04152007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-0141833	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent WISNIEWSKI, ROBERT M 491 SARA AVE MARY ESTHER, FL 32569	7. Name and Address of New Registered Agent Name WISNIEWSKI, ROBERT M Street Address (P.O. Box Number is Not Acceptable) 50 LAURIE DR FORT WALTON BEACH City FL Zip Code 32548
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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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WISNIEWSKI, ROBERT M 491 SARA AVE MARY ESTHER, FL 32569 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WISNIEWSKI, ROBERT M 50 LAURIE DR FORT WALTON BEACH FL 32548 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Robert M Wisniewski **ROBERT M WISNIEWSKI** 04/16/07 (850) 243-6976
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #