

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000031979

FILED
May 01, 2006
Secretary of State

Entity Name: A-1 QUALITY EXTERIORS, LLC

Current Principal Place of Business:

27492 NE COUNTY ROAD 67
HOSFORD, FL 32334

New Principal Place of Business:

Current Mailing Address:

27492 NE COUNTY ROAD 67
HOSFORD, FL 32334

New Mailing Address:

FEI Number: 34-2042647 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

FOLDS, STEPHANEE A
27492 NE COUNTY ROAD 67
HOSFORD, FL 32334 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HIRES, GERALD L
Address: 27492 NE COUNTY ROAD 67
City-St-Zip: HOSFORD, FL 32334

Title: MGRM (X) Delete
Name: SMITH, CECIL A
Address: PO BOX 84
City-St-Zip: TELOGIA, FL 32360

Title: MGRM (X) Delete
Name: HIRES, JASON
Address: 23412 SILK STOCKINGS ROAD
City-St-Zip: HOSFORD, FL 32334

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: GERALD L.. HIRES

MGRM

05/01/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date