

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR) - DUE-BY MAY 1, 2008**

**FILED**  
**Feb 12, 2008 8:00 am**  
**Secretary of State**

02-12-2008 90065 002 \*\*\*143.75

DOCUMENT # L05000087885  
1. Entity Name  
LORD ALUMINUM AND VINYL, LLC



Principal Place of Business: 5337 AMETHYST LANE, CHIPLEY FL 32428, US  
Mailing Address: 5337 AMETHYST LANE, CHIPLEY FL 32428, US



2. Principal Place of Business - No P.O. Box #: 5337 Amethyst Lane, Suite, Apt. #, etc.  
3. Mailing Address: 5337 Amethyst Lane, Suite, Apt. #, etc.

1st MOORE CR2E083 (10/07)

City & State: Chipley, Florida  
Zip: 32428, Country: U.S.

4. FEI Number: 16-1731193  
Applied For: Not Applicable

5. Certificate of Status Desired:  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
LORD, DAVID W  
5337 AMETHYST LANE  
CHIPLEY FL 32428

7. Name and Address of New Registered Agent  
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: *David W. Lord* DATE: 2-5-08

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008, Fee Will Be \$538.75**  
**Make Check Payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE: MGRM NAME: LORD, DAVID W STREET ADDRESS: 5337 AMETHYST LANE CITY-ST-ZIP: CHIPLEY FL 32428	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input 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 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: *David W. Lord* *David W. Lord* DATE: 2-5-08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #