

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90063 037 \*\*\*\*50.00

**20001014**



01132006 Chg-LLC CR2E083 (11/05)

<b>DOCUMENT # L05000108556</b>		
1. Entity Name <b>GULF WEST ALUMINUM &amp; SCREENS LLC</b>		

Principal Place of Business <b>3309 32ND STREET SW LEHIGH ACRES, FL 33971</b>	Mailing Address <b>3309 32ND STREET SW LEHIGH ACRES, FL 33971</b>
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2. Principal Place of Business <b>3309 32nd St SW</b> Suite, Apt. #, etc.	3. Mailing Address <b>3309 32nd St SW</b> Suite, Apt. #, etc.
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City & State <b>Lehigh Acres, FL.</b>	City & State <b>Lehigh Acres, FL.</b>
Zip <b>33971</b>	Country <b>Lee</b>
Zip <b>33971</b>	Country <b>Lee</b>

4. FEI Number <b>421683894</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>DURRANCE, BOBBY L JR. 3309 32ND STREET SW LEHIGH ACRES, FL 33971</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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 reinstating)	DATE _____
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<b>Filing Fee is \$50.00 Due by May 1, 2006</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM DURRANCE, BOBBY L JR. 3309 32ND STREET SW LEHIGH ACRES, FL 33971</b> <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	<b>MGRM DURRANCE, BOBBY L SR. P.O. BOX 33 LABELLE, FL 33975</b> <input checked="" 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
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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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

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.

<b>SIGNATURE:</b> <u><i>Bobby Lee Durran</i></u>	<u>1-13-06</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date Daytime Phone #