

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

FILED
Mar 05, 2008 08:00 A
Secretary of State

DOCUMENT # L06000027640

1. Entity Name

BILL'S CUSTOM VINYL SIDING, LLC



Principal Place of Business
201 WOOD PARK DRIVE
HONEYVILLE FL 32465
US

Mailing Address
P.O. BOX 1646
WEWAHITCHKA FL 32465
US



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/07)

4. FEI Number

20-4497454

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COSTIN, CHARLES A
413 WILLIAMS AVE
PORT ST JOE FL 32456

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's signature required when renewing)

DATE

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 LINTON, WILLIAM E
STREET ADDRESS P.O. BOX 1646
CITY-ST-ZIP PORT ST. JOE FL 32465

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
U000000848602
03/20/08-80024-004 143.75

TITLE MGRM
NAME LINTON, MARY E
STREET ADDRESS P.O. BOX 1646
CITY-ST-ZIP WEWAHITCHKA FL 32465

TITLE
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CITY-ST-ZIP

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 638, Florida Statutes.

SIGNATURE:

William E Linton

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

3/4/2008

381-6664