


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 14, 2007 8:00 am**  
**Secretary of State**

02-14-2007 90221 024 \*\*\*\*55.00

<b>DOCUMENT # L06000030393</b>	
1. Entity Name <b>S &amp; C FRAMING &amp; TRIM, LLC</b>	

Principal Place of Business <b>415 CASWELL RD DEFUNIAK SPRINGS FL 32433 US</b>	Mailing Address <b>415 CASWELL RD DEFUNIAK SPRINGS FL 32433 US</b>
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2. Principal Place of Business - No P.O. Box # <b>415 Caswell Rd</b>	3. Mailing Address <b>415 Caswell Rd</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E083 (10/06)

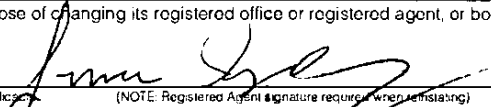
City & State <b>Defuniak Springs FL</b>	City & State <b>Defuniak Springs FL</b>
Zip <b>32433</b>	Zip <b>32433</b>
Country <b>Walton</b>	Country <b>Walton</b>

4. FEI Number <b>20-4557018</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>

6. Name and Address of Current Registered Agent <b>SHIRAH, JONATHAN R 415 CASWELL RD DEFUNIAK SPRINGS FL 32433</b>	
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7. Name and Address of New Registered Agent Name <b>Jonathan R Shirah</b> Street Address (P.O. Box Number is Not Applicable) <b>415 Caswell Rd</b> City <b>Defuniak Springs FL</b> Zip Code <b>32433</b>	
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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  DATE **1-30-07**


Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR SHIRAH, JONATHAN R 415 CASWELL RD DEFUNIAK SPRINGS FL 32433</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM CANNON, JERRAD D 3252 OAKRIDGE RD DEFUNIAK SPRINGS FL 32433</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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:  DATE **1-30-07** 950-333-1183

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