


**FILED**  
**Jun 07, 2007 8:00 am**  
**Secretary of State**

**2007 LIMITED LIABILITY COMPANY  
 ANNUAL REPORT**

4/2

04-26-2007 90037 027 \*\*\*\*50.00

30010124

<b>DOCUMENT # L06000053644</b> 1. Entity Name <b>WEST FLORIDA WINDOW &amp; DOOR LLC</b>			
Principal Place of Business <b>7450 NW 53RD LANE          CHIEFLAND, FL 32626 US</b>		Mailing Address <b>7450 NW 53RD LANE          CHIEFLAND, FL 32626 US</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suits, Apt. #, etc.		Suits, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
4. FEI Number <b>20-8810205</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00 Additional          Fee Required</b>	
6. Name and Address of Current Registered Agent <b>CURTIS, ROGER A          7450 NW 53RD LANE          CHIEFLAND, FL 32626</b>		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 agents.			
SIGNATURE _____ <small>Signature based on printed name of registered agent and use of applicable (NOTE: Registered agent signature required when re-registering) DATE _____</small>			
<b>Filing Fee is \$50.00          Due by May 1, 2007</b>		<b>Make check payable to          Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <i>Managing member          Roger A. Curtis</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition <del>_____</del>	
<input checked="" type="checkbox"/>	<i>7450 NW 53 LANE          Chiefland FL 32626</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<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> <i>Roger A. Curtis</i>		<b>9-19-07</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SOMEONE MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	