


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90032 007 ****50.00

DOCUMENT # L06000071741 1. Entity Name PREMIER CUSTOM CARPENTRY, LLC					
Principal Place of Business 3706 BALLASTONE DR. LAND O LAKES, FL 34638			Mailing Address 3706 BALLASTONE DR. LAND O LAKES, FL 34638		
2. Principal Place of Business - No P.O. Box # 20815 Broadwater Dr. <small>Suite, Apt. #, etc.</small>		3. Mailing Address 20815 Broadwater Dr. <small>Suite, Apt. #, etc.</small>			
City & State Land O Lakes, FL		City & State Land O Lakes, FL		4. FEI Number 20-5189694	
Zip 34638		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BONTRAGER, CYNDI 3706 BALLASTONE DR. LAND O LAKES, FL 34638			7. Name and Address of New Registered Agent Name Cyndi Bontrager Street Address (P.O. Box Number is Not Acceptable) 20815 Broadwater Drive City Land O Lakes FL Zip Code 34638		
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 <u><i>Cyndi Bontrager</i></u> 4-22-07 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BONTRAGER, TODD 3706 BALLASTONE DR. LAND O LAKES, FL 34638 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Todd Bontrager 20815 Broadwater Drive Land O Lakes, FL 34638 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SWAN, MIKE 16352 SWAN VIEW CIR. ODESSA, FL 33556 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mike Swan 18532 Mercyside Loop Land O Lakes, FL 34638 <input checked="" 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	
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	
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.					
SIGNATURE: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			4-22-07 (813) 949-4380 <small>Date Daytime Phone #</small>		