2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Mar 13, 2007 8:00 am
Secretary of State

02-16-2007 90180 048 ****55.00

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02092007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L06000085677

1. Entity Name
SCOTTY GUIN AND JON COOKE SIDING LLC

Principal Place of Business	Mailing Address
4690 KINGSTON DRIVE PENSACOLA, FL 32506	4690 KINGSTON DRIVE PENSACOLA, FL 32506

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1096 RIVER ANNEX RD.	1096 RIVER ANNEX RD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CANTONMENT, FL.	City & State: CANTONMENT, FL.
Zip: 32533 Country: ESCAMBIA	Zip: 32533 Country: ESCAMBIA

4. FEI Number: 13-4354954 ~~44197440~~ — Applied For / Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LISTER, JEFFREY R
362 WEST OAKFIELD ROAD
PENSACOLA, FL 32503

7. Name and Address of New Registered Agent

Name: JON W. COOKE
Street Address (P.O. Box Number is Not Acceptable): 1096 RIVER ANNEX ~~RD~~. RD.
City: CANTONMENT FL Zip Code: 32533

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: JON W. COOKE — Signature, typed or printed name of registered agent and title if applicable. — Jon W. Cooke (NOTE: Registered Agent signature required when reinstating) — DATE: 2/12/07

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: MGR ☒ Delete		TITLE: ~~HELPER~~ ☐ Change ☒ Addition	
NAME: GUIN, SCOTTY		NAME: ~~MORRIS E. HARRISON~~	
STREET ADDRESS: 4690 KINGSTON DRIVE		STREET ADDRESS: ~~1096 RIVER ANNEX RD.~~	
CITY-ST-ZIP: PENSACOLA, FL 32506		CITY-ST-ZIP: ~~CANTONMENT FL 32533~~	
TITLE: MGR ☐ Delete		TITLE: ~~SOLE PROPRIETOR~~ ☐ Change ☐ Addition	
NAME: COOKE, JON		NAME: ~~JON W. COOKE~~	
STREET ADDRESS: ~~4690 KINGSTON DRIVE~~		STREET ADDRESS: ~~1096 RIVER ANNEX RD.~~	
CITY-ST-ZIP: ~~PENSACOLA, FL 32506~~		CITY-ST-ZIP: ~~CANTONMENT, FL. 32533~~	
TITLE: 1096 RIVER ANNEX ☐ Delete RD		TITLE: MGR ☑ Change ☐ Addition	
NAME:		NAME: JON W. COOKE	
STREET ADDRESS: CANTONMENT FL 32533		STREET ADDRESS: 1096 RIVER ANNEX RD	
CITY-ST-ZIP:		CITY-ST-ZIP: CANTONMENT, FL. 32533	
TITLE: ☐ Delete		TITLE: ☐ Change ☐ Addition	
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
TITLE: ☐ Delete		TITLE: ☐ Change ☐ Addition	
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
TITLE: ☐ Delete		TITLE: ☐ Change ☐ Addition	
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	

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: Jon W. Cooke / JON W. COOKE — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — 2/12/07 Date — 850-937-9334 Daytime Phone #