


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 14, 2006 8:00 am**  
**Secretary of State**

08-14-2006 90123 041 \*\*\*\*50.00

<b>DOCUMENT # M05000006006</b> 1. Entity Name <b>WATSON GLASS OF FLORIDA, LLC</b>					
Principal Place of Business <b>541 GENEVA HIGHWAY ENTERPRISE, AL 36330</b>			Mailing Address <b>541 GENEVA HIGHWAY ENTERPRISE, AL 36330</b>		
2. Principal Place of Business <b>SAME AS ABOVE</b>		3. Mailing Address <b>P.O. Box 310574</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>Enterprise, AL</b>		4. FEI Number <b>20-3525612</b>	
Zip		Country		Applied For <input type="checkbox"/> Not Applicable	
<b>36331-0574</b>		<b>U.S.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>SMITH, JAMES JR 811 SANDERS LN PANAMA CITY, FL 32401</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 agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by September 6, 2006</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM WATSON, STACY 541 GENEVA HIGHWAY ENTERPRISE, AL 36330</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.					
<b>SIGNATURE: Kelly Watson</b> <b>Kelly WATSON</b> <b>Office Mgr.</b> <b>8/8/06</b> <b>(334) 347-1606</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					