

This instrument Prepared by:
Name: SEARS HOME IMPROVEMENT PRODUCTS, INC.
P.O. BOX 522290
LONGWOOD, FL 32752-2290
1-407-767-8011

STATE OF FLORIDA, COUNTY OF COLUMBIA
I HEREBY CERTIFY, that the above and foregoing
is a true copy of the original filed in this office.
P. DeWITT CASON, CLERK OF COURTS

By Sharon Seagle
Deputy Clerk

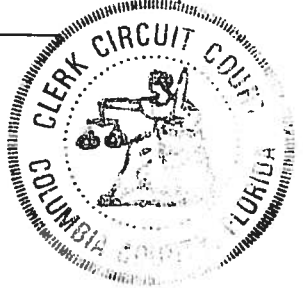
Date 06-06-2006

NOTICE OF COMMENCEMENT

State: Florida

County: Columbia

THE UNDERSIGNED hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this notice of Commencement,



1. Description of property: (legal description of property, and street address if available)
22-55-17-09322-011 HX VX WR
LOT 11 LAKE CITY AIRPARK S/D ORB 501-797, 593-336, 786-709
To TRUST 856-209, PROB #04-153 CP (447 AVIATION DR.)

2. General description of improvements: VINYL SIDING

3. Owner information
a. Name and address: Edwin J. Tilton 447 AVIATION DR.
LAKE CITY, FL. 32025
b. Interest in property: 100%

c. Name and address of fee simple titleholder (if other than owner):
RETURN TO Sears Home Imp. Prods
7255 Salisbury Rd. Ste. 1
Jacksonville, FL 32256
(904) 470-0115

4. Contractor: (name and address) ALFRED NYMAN
SEARS HOME IMPROVEMENT PRODUCTS, INC.
P.O. BOX 522290, LONGWOOD, FL 32752-2290 1-407-767-8011

5. Surety
a. Name and address: NA
b. Amount of bond \$ 2006013530 Date: 06/06/2006 Time: 12:34
DC, P. DeWitt Cason, Columbia County B:1085 P:2228

6. Lender: (name & address) NA

7. Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(1)(a)7, Florida Statutes: (name and address)

8. In addition to himself, Owner designates the following person(s) to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes: (name and address)

ABOVE NAMED CONTRACTOR

9. Expiration date of Notice of Commencement (the expiration date is 1 year from the date of recording unless a different date is specified)

[Signature]
(Signature of Owner)

Drivers License #: Verified

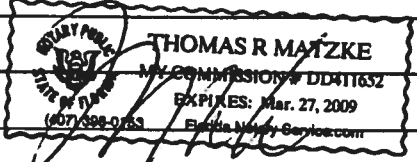
Owner's Name: Edwin J. Tilton

Owner's Address: 447 S.W. Aviation Dr. Lake City FL 32025

All information must be typed or printed legibly to comply with recording requirements.

STATE OF FLORIDA
COUNTY OF Columbia

The foregoing instrument was acknowledged before me this 5/30/06 by Edwin J. Tilton
who is personally known to me or has produced Drivers Lic as identification and who did
(did not) take an oath.



(Signature of person taking acknowledgement)
(Name of officer taking acknowledgement - typed, printed or stamped)
(Title or rank)
(Serial number, if any)