

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # L01000019650

1. Entity Name
 DAVIS & SONS DRYWALL AND FRAMING, LLC



Principal Place of Business
 705 INGRAHAM AVENUE
 SUITE 14
 HAINES CITY, FL 33884

Mailing Address
 PO BOX 750
 HAINES CITY, FL 33845



03222007No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 81-0607669

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

DAVIS, DARLEEN L
 705 INGRAHAM AVENUE
 SUITE 14
 HAINES CITY, FL 33884

DO NOT WRITE IN THIS SPACE

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

Darleen L Davis

3/23/07

Filing Fee is \$50.00
 Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	PRES
NAME	DAVIS, DARLEEN L
STREET ADDRESS	705 INGRAHAM AVENUE SUITE 14
CITY- ST- ZIP	HAINES CITY, FL 33844
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

000000743874
 05/15/07-80125-019 50.00

DO NOT WRITE IN THIS SPACE

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:

Darleen L Davis

3/23/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #