2007 LIMITED LIABILITY, COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED
Jul 10, 2007 08:00 AN
Secretary of State

וטחם	IN	MENT	#1	.050000	116287
ひししい	J 1	VIL.IVI	## L		110201

1. Entity Name

ANGUS MOREE DRYWALL COMPANY, LLC



Principal Place of Business

12377 AILANTHUS DRIVE PENSACOLA, FL 32506 Mailing Address

12377 AILANTHUS DRIVE PENSACOLA, FL 32506



07052007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-2342319 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MOREE, ANGUS 12377 AILANTHUS DRIVE PENSACOLA, FL 32506

CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the purpose of char ions of registered agent.	nging its registered office	or registered agent, or b	oth, in the State of Florida. 1 am fa	amillar with, and accept
SIGNATURE.					
	Signature, typed or printed name of registered agent and title if applicable.	(NOTE Registered Agent sig	matute required when reinstating)	DATE	
Fil Due l	ling Fee is \$50.00 by September 14, 2007				
9.	MANAGING MEMBERS/MANAGERS			to the second	ी । अध्यासम्बद्धाः
TITLE NAME STREET ADDRESS CITY-ST-ZP	MGR MOREE, ANGUS 12377 AILANTHUS DRIVE PENSACOLA, FL 32506		• • • •	U0000076766	.:
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MOREE, ANSON 12377 AILANTHUS DRIVE PENSACOLA, FL 32506			00000076766 - 07/10/07-80013	-022 50 . 00
THTLE NAME STREET ADDRESS CITY-ST-ZIP	•	4.1.36	DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,	IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		· · · · · ·		-	
TITLE NAME STREET ADDRESS					

11. I hereby certify that the information supplied with this filling 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: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

7-5-07 (810) 457-316

Davis