

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90212 040 ****50.00

DOCUMENT # L03000000926

1. Entity Name

NEAL JOHNSON FRAMING, LLC.



Principal Place of Business

4170 HICKORY TREE RD
 ST. CLOUD FL 34772
 US

Mailing Address

4170 HICKORY TREE RD
 ST. CLOUD FL 34772
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

82-0579684

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required



MOORE

CR2E083 (11/03)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHNSON, VERNON N
 4170 HICKORY TREE RD
 ST. CLOUD FL 34772

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE: MGRM Delete
 NAME: JOHNSON, VERNON N
 STREET ADDRESS: 4170 HICKORY TREE RD
 CITY-ST-ZIP: ST. CLOUD FL 34772

TITLE: Change Addition
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 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Vernon N Johnson*

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

Date

Daytime Phone #