

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2005 8:00 am**  
**Secretary of State**

04-14-2005 90028 048 \*\*\*\*50.00

**DOCUMENT # L03000011322**

1. Entity Name

DISPLAYS FOR SCHOOLS, L.L.C.



Principal Place of Business

4001 NEWBERRY ROAD, SUITE C-2  
GAINESVILLE, FL 32607

Mailing Address

4001 NEWBERRY ROAD, SUITE C-2  
GAINESVILLE, FL 32607



01192005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-1766315

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

WARD, PETER H  
4001 NEWBERRY ROAD, SUITE C-1  
GAINESVILLE, FL 32607-2380

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE P  
NAME DUPREE, SHERRY  
STREET ADDRESS 1825 NW 22ND TERRACE  
CITY-ST-ZIP GAINESVILLE, FL 32605

TITLE VP  
NAME DUPREE, HERBERT C  
STREET ADDRESS 1825 NW 22ND TERRACE  
CITY-ST-ZIP GAINESVILLE, FL 32605

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

Date

Devoice Phone #