


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90239 030 ****50.00

DOCUMENT # L03000029334	
1. Entity Name ISLAND ROCK PLASTERING & DRYWALL, LLC	

Principal Place of Business 246 ST. ANDREWS BLVD. NAPLES FL 34113	Mailing Address 246 ST. ANDREWS BLVD. NAPLES FL 34113
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2. Principal Place of Business 5219 Maple Ln Suite, Apt. #, etc. Naples, FL 34113 City & State	3. Mailing Address 5219 Maple Ln Suite, Apt. #, etc. Naples FL 34113 City & State
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Zip 34113	Country USA	Zip 34113	Country USA
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6. Name and Address of Current Registered Agent WILSON, TROY 246 ST. ANDREWS BLVD. NAPLES FL 34113	7. Name and Address of New Registered Agent Name <u>Troy Wilson</u> Street Address (P.O. Box Number is Not Acceptable) <u>5219 Maple Ln.</u> City <u>Naples, FL</u> Zip Code <u>34113</u>
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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 Troy Wilson DATE 3.10.05
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILSON, TROY 246 ST. ANDREWS BLVD. NAPLES FL 34113 <u>5219 Maple Ln</u> <u>Naples, FL 34113</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KEVIN ISON, RONALD 416 SAMAR AVENUE NAPLES FL 34113
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10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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 Troy Wilson DATE 3.10.05 239-232-0934
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #