



# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 08, 2004 8:00 am**  
**Secretary of State**

01-08-2004 90100 034 \*\*\*\*50.00

<b>DOCUMENT # L03000044567</b>					
<b>1. Entity Name</b> COMPTON DRYWALL, LLC.					
<b>Principal Place of Business</b> 601 ST. AUGUSTINE SOUTH DRIVE ST. AUGUSTINE, FL 32086 US			<b>Mailing Address</b> 601 ST. AUGUSTINE SOUTH DRIVE ST. AUGUSTINE, FL 32086 US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Zip			
Country		Country		01052004    Chg-LLC    CR2E083 (10/03)	
<b>4. FEI Number</b> 59 1972 9999				<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				<b>6. Name and Address of Current Registered Agent</b>	
<b>7. Name and Address of New Registered Agent</b>				<b>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.</b>	
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>					
<b>TITLE</b> MGRM <input type="checkbox"/> Delete	<b>10. ADDITIONS/CHANGES</b>				
<b>NAME</b> COMPTON, KEN	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>STREET ADDRESS</b> 601 ST. AUGUSTINE SOUTH DRIVE					
<b>CITY-ST-ZIP</b> ST. AUGUSTINE, FL 32086					
<b>TITLE</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>NAME</b>					
<b>STREET ADDRESS</b>					
<b>CITY-ST-ZIP</b>					
<b>TITLE</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>NAME</b>					
<b>STREET ADDRESS</b>					
<b>CITY-ST-ZIP</b>					
<b>TITLE</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>NAME</b>					
<b>STREET ADDRESS</b>					
<b>CITY-ST-ZIP</b>					
<b>TITLE</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>NAME</b>					
<b>STREET ADDRESS</b>					
<b>CITY-ST-ZIP</b>					
<b>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.</b>					
<b>SIGNATURE:</b> <i>Ken Compton</i> 1-6-04    904 797-4250					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE    Date    Daytime Phone #					

**Division of Corporations****Receipt***Attachment**24000117*

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