



**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 28, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000045786			
1. Entity Name JOSEPH BOSLEY PAINTING LLC			
Principal Place of Business 6252 9TH AVENUE NEW PORT RICHEY, FL 34653		Mailing Address 6252 9TH AVENUE NEW PORT RICHEY, FL 34653	
DO NOT WRITE IN THIS SPACE			
		 02232005 No Chg-LLC CR2E083 (10/03)	
		4. FEI Number 13-5523658	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BOSLEY, JOSEPH 6252 9TH AVENUE NEW PORT RICHEY, FL 34653		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)</small> DATE _____			
Filing Fee is \$50.00 Due by May 1, 2005			
9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BOSLEY, JOSEPH 6253 9TH AVENUE NEW PORT RICHEY, FL 34653		
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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: <u>Joseph Bosley</u>		<u>2/23/05</u>	<u>727-804-1917</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>	<small>Daytime Phone #</small>