

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 24, 2004 8:00 am**  
**Secretary of State**

02-24-2004 90098 020 \*\*\*\*50.00

**DOCUMENT # L03000046533**

1. Entity Name

STEVEN JOHNSON PAINTING, LLC



Principal Place of Business

5011 SILO ROAD  
ST. AUGUSTINE FL 32092

Mailing Address

5011 SILO ROAD  
ST. AUGUSTINE FL 32092

24013101

2. Principal Place of Business

5011 Silo Rd

3. Mailing Address

5011 Silo Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.



MOORE

CR2E083 (11/03)

City & State

St. Augustine FLA

City & State

St Augustine Fla

4. FEI Number

522 418 447

Applied For

Not Applicable

Zip

32092

Country

ST. Johns

Zip

32092

Country

ST. Johns

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHNSON, STEVE E -  
5011 SILO ROAD  
ST. AUGUSTINE FL 32092

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

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

(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  
NAME JOHNSON, STEVE G E *miss spelled* ☒ Delete  
STREET ADDRESS 5011 SILO ROAD  
CITY-ST-ZIP ST. AUGUSTINE FL 32092

TITLE Owner-Manager  
NAME Johnson Steve E ☒ Change ☐ Addition  
STREET ADDRESS 5011 Silo Rd  
CITY-ST-ZIP St Augustine Fla 32092

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Steve E Johnson*

2-20-04

904-522-0402

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

Date

Daytime Phone #