


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90063 003 ****55.00

| | |
|----------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # L03000046730 |  |
| 1. Entity Name DAVID MAXWELL CABINETS & CARPENTRY, LLC | |

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|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| Principal Place of Business 520 POTTER WOODBERRY ROAD HAVANA FL 32333 | Mailing Address 520 POTTER WOODBERRY ROAD HAVANA FL 32333 |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------|

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|------------------------------------------------------------------|------------------------------------------------------|
| 2. Principal Place of Business 520 Potterwoodberry Rd. | 3. Mailing Address 520 Potterwoodberry Rd. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | |
|-----------------------------------|-----------------------------------|
| City & State Havana, FL | City & State Havana, FL |
| Zip 32333 | Zip 32333 |
| Country Cadson | Country Cadson |



MOORE CR2E083 (11/03)

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| 4. FEI Number 36-4543685 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required | |

| | |
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| 6. Name and Address of Current Registered Agent MAXWELL, DAVID 520 POTTER WOODBERRY ROAD HAVANA FL 32333 | |
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| | |
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| 7. Name and Address of New Registered Agent | |
| 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 _____ (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 | |
|----------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR MAXWELL, DAVID 520 POTTER WOODBERRY ROAD HAVANA FL 32333 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |

| 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 |
| 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 |
| 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 |

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: David C. Maxwell David C. Maxwell 4-26-04 850-539-1654
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #