


**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90028 021 \*\*\*\*50.00

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**DOCUMENT # L03000047279**

1. Entity Name  
**JIMMY FEAGIN PAINTING LLC**



Principal Place of Business 2927 APLIN RD CRESTVIEW, FL 32539	Mailing Address 2927 APLIN RD CRESTVIEW, FL 32539
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**34004552**



2. Principal Place of Business	3. Mailing Address
Site/Apt./# etc.	Site/Apt./# etc.

04092004 Chg-LLC CR2E083 (10/03)

City & State	City & State	4. FEI Number <b>201049634</b>	Applied For Not Applicable
Zip	Country	Zip	Country

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	
FEAGIN, JAMES A JR 2927 APLIN RD CRESTVIEW, FL 32539		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	

8. This 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 *James A Feagin* DATE **4/27/04**

Signature, typed or printed name of registered agent acceptable. (NOTE: Registered Agent signature required when re-registering)

Filing Fee is \$55.00 Due by May 4, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FEAGIN, JAMES A 2927 APLIN RD CRESTVIEW, FL 32539 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	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: *James A Feagin* Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

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