

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 18, 2005 8:00 am**  
**Secretary of State**

02-03-2005 90115 047 \*\*\*\*50.00

30001944



CR2E083 (10/04)

**DOCUMENT # L03000047281**

1. Entity Name  
**J B PAINTING OF VOLUSIA LLC**



Principal Place of Business  
**1703 MAGNOLIA AV B23  
SO DAYTONA FL 32119**

Mailing Address  
**1703 MAGNOLIA AV B23  
SO DAYTONA FL 32119**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. ECI Number  
**20-0416304**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
**BIANCHET, JEFFREY  
1703 MAGNOLIA AV  
B23  
SO DAYTONA FL 32119**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM BIANCHET, JEFFREY E 1703 MAGNOLIA AV. SO DAYTONA FL 32119 <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: *Jeffrey Bianchet* 1-29-05/1-386-235-3572  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

LO300004728/ATTACHMENT 801-620-5379 30001922

Form **SS-4**  
(REV. December 2001)

Department of the Treasury  
Internal Revenue Service

# **Application for Employer Identification Number**

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others)

EIN 20-0416304

▶ See separate instructions for each line. ▶ Keep a copy for your records.

00033 11/23/2001

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested. <b>J B PAINTING OF VOLUSIA LLC</b>		
	2 Trade name of business (if different from name on line 1)		3 Executor, trustee, "care of" name
	4a Mailing address (room, apt., suite no. and street, or P.O. box) <b>1703 MAGNOLIA AV B 23</b>		5a Street address (if different) (Do not enter a P.O. box)
	4b City, state, and ZIP code <b>SO DAYTONA, FL 32119</b>		5b City, state, and ZIP code
	6 County and state where principal business is located. <b>VOLUSIA FL</b>		
	7a Name of principal officer, general partner, grantor, owner, or trustee <b>JEFF BIANCHET</b>		7b SSN, ITIN, or EIN <b>476-60-2246</b>
8a Type of entity (check only one box)			
<input type="checkbox"/> Sole proprietor (SSN) _____ <input type="checkbox"/> Partnership _____ <input checked="" type="checkbox"/> Corporation (enter form number to be filed) ▶ <b>1120S</b> <input type="checkbox"/> Personal service corp. <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) ▶ _____ <input type="checkbox"/> Other (specify) ▶ _____			
<input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator (SSN) _____ <input type="checkbox"/> Trust (SSN of grantor) _____ <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprise Group Exemption Number (GEN) ▶ _____			
8b If a corporation, name of state or foreign country (if applicable) where incorporated		State <b>FL</b> Foreign country	
9 Reason for applying (check only one box)			
<input type="checkbox"/> Started new business (specify type) ▶ _____ <input type="checkbox"/> Banking purpose (specify purpose) ▶ _____ <input checked="" type="checkbox"/> Changed type of organization (specify new type) ▶ <b>LLC "MULTI"</b> <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ _____ <input type="checkbox"/> Created a pension plan (specify type) ▶ _____			
10 Date business started or acquired (month, day, year) <b>11/22/2003</b>		11 Closing month of accounting year <b>12</b>	
12 First date wages or annuities were paid or will be paid (month, day, year) <b>Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien.</b> (month, day, year) ▶ _____			
13 Enter highest number of employees expected in the next 12 months. <b>Note: If the applicant does not expect to have any employees during the period, enter "-0-".</b> Agricultural <b>0</b> Household <b>0</b> Other <b>0</b>			
14 Check one box that best describes the principal activity of your business.			
<input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail <input checked="" type="checkbox"/> Other (specify) <b>PAINTING</b>			
15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. <b>PAINTING</b>			
16a Has the applicant ever applied for an employee identification number for this or any other business <b>Note: If "Yes" please complete lines 16b and 16c.</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ _____ Trade name ▶ _____			
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (mo., day, year) _____ City & state where filed _____ Previous EIN _____			
Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form. Designee's name _____		Designee's telephone number (incl. area code) ( ) - _____
	Address and Zip Code _____		Designee's fax number (include area code) ( ) - _____
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.			Applicant's telephone number (incl. area code) (386) 235-3571
Name and title (Please type or print clearly.) ▶ _____			Applicant's fax number (include area code) ( ) - _____
Signature ▶ _____ Date ▶ <b>11/22/2003</b>			