## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000047373

Entity Name: STAMPERS DRYWALL LLC

FILED May 02, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4205 NEW HAMPSHIRE RD ELKTON, FL 32033 US

Current Mailing Address: New Mailing Address:

1 SPENCER ST

SAINT AUGUSTINE, FL 32084 US

FEI Number: 20-0504790 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

STAMPER, JAMES D
3020 GREEN ACRES RD
SAINT AUGUSTINE, FL 32084 US
STAMPER, JAMES D
4205 NEW HAMPSHIRE RD.
ELKTON, FL 32033 US

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.

SIGNATURE: JAMES STAMPER 05/02/2005

Electronic Signature of Registered Agent Date

## MANAGING MEMBERS/MEMBERS:

 Title:
 MGR
 ( ) Delete

 Name:
 STAMPER, JAMES D

 Address:
 4205 NEW HAMPSHIRE RD

City-St-Zip: ELKTON, FL 32033

Title: ( ) Delete

Name: Address: City-St-Zip:

## ADDITIONS/CHANGES:

Title: PRES (X) Change () Addition

Name: STAMPER, JAMES D Address: 4205 NEW HAMPSHIRE RD City-St-Zip: ELKTON, FL 32033

Title: V P ( ) Change (X) Addition

Name: COLLINS, CHAD

Address: 4205 NEW HAMPSHIRE RD. City-St-Zip: ELKTION, FL 32033

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 STAMPER PRES 05/02/2005