## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## FILED May 10, 2004 8:00 am Secretary of State

AIIIOAL IILI OIII (AXI)								Seci	tia.	[ V (	ՄԼ ԾԼ	ait
DOCUMENT # L03000047431  1. Entity Name							· }			•	001 ****5	
KEN'S HOME REPAIR, LLC							*					
Principal Place of Business Mailing Address								-				
22231 OVER PANAMA CI US				22231 OVERLOOK DRIVE PANAMA CITY BEACH FL 32413			34005554					
2. Principal P	lace of Busin	ness	3. Mailing Address	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.			FEI # 47-094/386					
City & State			City & State				4. FEI Num	ber 494_	32-	144	7 No	oplied For of Applicable
Zip 2	Zip Cour BA 6. Name and Ac		Ziρ	Cou	ntry		5. Certificate of Status Desired See Required \$5.00 Additional Fee Required			ditional d		
	U. Name	e and Address of Curre	int Hegistered Agent				7. Name and Address of New Registered Agent					
CI IC	** CANL DD4	WO.	*** * * * * * * * * * * * * * * * * *	<b>- 5</b>	Name	DÖE	TS M. KING					
	SAN, BRA	MS AVENUE	·		-Street Å	1 Address (P.O. Box Number is Not Acceptable)						
PAN		ļ			<del></del>							
	4 1,1 1 01					223	1 Ou	ier Lo	oΚ.,	Dei	ve	
		City PA	NAM		BeAC		FL	Zip Cod	4/3			
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.												
the congar	T .	m.4 1.		1/	4.4	11						,
SIGNATURE		d or printed name of registered at	NG-	ncon	od Agent signer.	Ken	then reinstalling)			<u> </u>	-04	<u> </u>
	Signature, types	o or printed hame of registered at	ANGELIANOS RAISTA TER	7 N. P. C. P.	6868 43 28	T. 355	THEN TELEVISION OF			DATE		
}			The second second second second second	of the second of the	FEE IS \$				-			
			Make Check Pay			Carrie and This	of State		<i>i</i> ,			Į
Due By May 1, 2004												
9.	MANAGING MEMBERS/MANAGERS							ADD	TIONS/CI	IANGES		
. MITE	MGR .		Delete	मा	LE						Change	Addition
NAME	KING, KENNETH L			NAI					9		5	
STREET ADDRESS	l .	ERLOOK DRIVE		. E	NEET ADDRESS					· A		
CITY-ST-ZIP	PANAMA	CITY BEACH FL 324		ÇİT	Y-ST-ZIP						*.1	
TITLE	ł		☐ Delate	nti							Change	Addition
NAME STREET ADDRESS	. l			NAI	-							
CITY-ST-ZIP	}				eet address Y-st-zip							
TITLE	<del> </del> -		☐ Dalete	- III			<del></del>				Change	☐ Addition
NAME			Description Color	- · NAĪ					t- <del></del> -			
STREET ADDRESS	}				REET ADDRESS							
CITY-ST-ZIP				CIT	Y-ST-ZIP							
TITLE			☐ Delate	m	LE .						Change	Addition
NAME				NAS	v€	! !					-	
STREET ADORESS					EET ADDRESS			•				
C/TY-ST-ZIP	<u> </u>			CIT	Y-ST-ZIP	<u> </u>						
MILE			Delete	भाग	· ·						Change	☐ Addition
NAME CONCER ADORETE	1			NAI								
STREET ADDRESS CITY-ST-2IP	)				reet adoress Y-st-zip							
TITLE	<del>                                     </del>	<del></del>	☐ Delete	TITL					<del></del> -		Channe :	Addition
NAME	1		LJ Deleté	NA)	•						Chands.	
STREET ADDRESS	1				REET ADDRESS	!						ļ
CITY-ST-ZIP					Y-ST-ZIP							
indicated	on this repo	ort is true and accurate a	with this filing does not qualify and that my signature shall ha stee empowered to execute t	ve the sam	ne legal eller	ctasil m	ade under oa	th: that I am a	atutes. I fu managin	rther cer	tify that the is	nformation er of the
M COMIN	ынку сопра	ing of the receiver of IIU:	area empowerdo to execute t	ms report 8	ra rednited (	ny caspu	# 000,-F10110	व अक्षाप्रस्थितः				

BIGNATURE: Kenneth L. King Kenneth L. King 4-16-04 850-235-636

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING SANGER, MANAGER, OR AUTHORIZED REPRESENTATIVE DAY

DEPTING PROOF