

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L03000050122

1. Entity Name
DAVID WICKLINE DRYWALL, LLC



Principal Place of Business
418 RIVER DR.
SEBRING, FL 33875-6602

Mailing Address

418 RIVER DR.
SEBRING, FL 33875-6602

2. Principal Place of Business
1250 RIVERA AVE
Suite, Apt. #, etc.

3. Mailing Address
1250 RIVERA AVE.
Suite, Apt. #, etc.

City & State
CLEWISTON FLORIDA
Zip 33440 Country HENRY

City & State
CLEWISTON FLORIDA
Zip 33440 Country HENRY

4. FEI Number
06-1696227

4. FEI Number
06-1696227

Applied For

Not Applicable

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

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

7. Name and Address of New Registered Agent

WICKLINE, DAVID
418 RIVER DR.
SEBRING, FL 33875-6602

Name WICKLINE, DAVID

Street Address (P.O. Box Number is Not Acceptable)

1250 RIVERA AVE

City CLEWISTON FL Zip Code 33440

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 David Wickline

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 4-21-05

Filing Fee is \$50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WICKLINE, DAVID 418 RIVER DR. SEBRING, FL 338756602	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition WICKLINE, DAVID 1250 RIVERA AVE. CLEWISTON, FLORIDA 33440
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
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
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: David Wickline

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

Date

Daytime Phone #

863-214-4049