

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 10, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000051137**

1. Entity Name  
**JAMES E. JONES DRYWALL LLC**



Principal Place of Business  
**5291 COLLINS RD.  
#40  
JACKSONVILLE, FL 32244**

Mailing Address  
**5291 COLLINS RD.  
#40  
JACKSONVILLE, FL 32244**



01272005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**86-1093615**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**JONES, JAMES E  
5291 COLLINS RD.  
#40  
JACKSONVILLE, FL 32244**

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
JONES, JAMES E  
5291 COLLINS RD. #40  
JACKSONVILLE, FL 32244**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
JONES, JOHN E  
5291 COLLINS RD. #202  
JACKSONVILLE, FL 32244**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
JONES, CURTIS R  
2045 SR 207  
ST. AUGUSTINE, FL 32086**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000255450  
03/10/05 60041-015 50.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

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

Date

Daytime Phone #

**3-7-05 904-449-3946**