


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 08, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000051200
 1. Entity Name
 KEN HICKLIN DRY WALL LLC



| | |
|---|---|
| Principal Place of Business 719 TUXEDO RD FT WALTON BEACH, FL 32547 | Mailing Address 719 TUXEDO RD FT WALTON BEACH, FL 32547 |
|---|---|



07272005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|---|--------------------------------|
| 4. FEI Number 56-2416892 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent
 HICKLIN, KENNETH L
 719 TUXEDO RD
 FT WALTON BEACH, FL 32547

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
 Due by September 7, 2005**


170000975820
 08/08/05-80003-012 50.00

9. MANAGING MEMBERS/MANAGERS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR HICKLIN, KENNETH L 719 TUXEDO RD FT WALTON BEACH, FL 32547 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

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)(f), 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