


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 27, 2004 8:00 am**  
**Secretary of State**

04-27-2004 90018 003 \*\*\*\*55.00

<b>DOCUMENT # L03000053518</b>	
<b>1. Entity Name</b> SPECIALTY PAINTING OF FLORIDA LLC	

<b>Principal Place of Business</b> 7339 WEST POMPEY LANE HOMOSASSA FL 34446	<b>Mailing Address</b> 4940 SOUTH DEEP WATER POINT HOMOSASSA FL 34448
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<b>2. Principal Place of Business</b> 7339 West Pompey Lane Suite, Apt. #, etc.	<b>3. Mailing Address</b> 2339 West Pompey Lane Suite, Apt. #, etc.
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<b>City &amp; State</b> HOMOSASSA, Florida	<b>City &amp; State</b> HOMOSASSA, Florida
<b>Zip</b> 34446	<b>Zip</b> 34446
<b>Country</b> CITIZEN	<b>Country</b> CITIZEN

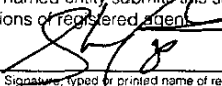


MOORE CR2E083 (11/03)

<b>4. FEI Number</b> 20-0474859	<b>Applied For</b> <input checked="" type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

<b>6. Name and Address of Current Registered Agent</b> COMPTON, SHAUN R 4940 SOUTH DEEP WATER POINT HOMOSASSA FL 34448	<b>7. Name and Address of New Registered Agent</b> Name: JEFF COMPTON Street Address (P.O. Box Number is Not Acceptable): 7339 WEST POMPEY LANE City: HOMOSASSA FL Zip Code: 34446
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**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:  DATE: 4-19-04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2004</b>
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM COMPTON, JEFF 7339 WEST POMPEY LANE HOMOSASSA FL 34446 <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
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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:** 

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

Date Daytime Phone #