

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 24, 2004 8:00 am
Secretary of State

08-24-2004 90046 046 ****50.00

DOCUMENT # L03000053986

1. Entity Name

P & W DRYWALL, LLC.



Principal Place of Business

15153 BANKS ROAD
SOUTH PORT FL 32409
US

Mailing Address

15153 BANKS ROAD
SOUTH PORT FL 32409
US

2. Principal Place of Business

3806 E. 10th Street

Suite, Apt. #, etc.

3. Mailing Address

3806 E. 10th Street

Suite, Apt. #, etc.

City & State

Panama city Fl.

City & State

Panama city Fl.

Zip
32401

Country
US

Zip
32401

Country
US

4. FEI Number

200494549

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BARNES & JAMES, P.A.
2629 BLAIR STONE ROAD
TALLAHASSEE FL

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 8, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME PATTERSON, JAMES T
STREET ADDRESS 15153 BANKS ROAD
CITY-ST-ZIP SOUTHPORT FL 32409

TITLE MGRM ☐ Delete
NAME WADDELL, DANNY
STREET ADDRESS 3806 E. 10TH STREET
CITY-ST-ZIP PANAMA CITY FL 32401

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: James T. Patterson

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

8-23-04 896-0304

Date

Daytime Phone #