


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000054013

1. Entity Name
PHILLIP D. MCKAY PAINTING, LLC



Principal Place of Business Mailing Address
 202 20TH ST. 202 20TH ST.
 NICEVILLE FL 32578 NICEVILLE FL 32578



2. Principal Place of Business 3. Mailing Address

Suite, Apt #, etc. Suite, Apt. #, etc.

1st MOORE CR2E083 (10/04)

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
26-5319117 Not Applicable

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

6. Name and Address of Current Registered Agent

MCKAY, PHILLIP D
202 20TH ST.
NICEVILLE FL 32578

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 May 1, 2005

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MCKAY, PHILLIP D 202 20TH ST. NICEVILLE FL 32578 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 <input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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 04/30/05-80122-024 50.00

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:  Date Daytime Phone #

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