

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 25, 2006 8:00 am**  
**Secretary of State**

07-25-2006 90085 044 \*\*\*\*50.00

<b>DOCUMENT # L03000054308</b> 1. Entity Name <b>DALTON &amp; SON PAINTING LLC</b>					
Principal Place of Business <b>612 N. WEKIVA SPRINGS ROAD APOPKA, FL 32712</b>			Mailing Address <b>612 N. WEKIVA SPRINGS ROAD APOPKA, FL 32712</b>		
2. Principal Place of Business <i>332 Country Landing Blvd</i>		3. Mailing Address <i>332 Country Landing Blvd</i>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <i>Apopka FL</i>		City & State <i>Apopka FL</i>		4. FEI Number <b>43-2035847</b>	
Zip <i>32703</i>		Zip <i>32703</i>		Country <i>U.S.A</i>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>DALTON, GREGORY J 612 N. WEKIVA SPRINGS ROAD APOPKA, FL 32712</b>			7. Name and Address of New Registered Agent Name <i>Dalton, Gregory J</i> Street Address (P.O. Box Number is Not Acceptable) <i>332 Country Landing Blvd</i> City <i>Apopka</i> <b>FL</b> Zip Code <i>32703</i>		
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 <i>Gregory J. Dalton</i> DATE <i>7/21/06</i> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by September 6, 2006</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DALTON, GREGORY J 612 N WEKIVA SPRINGS ROAD APOPKA, FL 32712	MGR <i>Dalton, Gregory J</i> <i>332 Country Landing Blvd</i> <i>Apopka FL 32703</i>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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		
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		
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		
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 exemptions contained in Chapter 119, 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: <i>Gregory J. Dalton</i>		DATE <i>7/21/06</i> DAYTIME PHONE # <i>407-468-2644</i>			