

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 29, 2005 08:00 AM
Secretary of State

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|---|--|---------------------------------|--|---|----------|
| DOCUMENT # L03000055095 | | | | | |
| 1. Entity Name OSCEOLA PAINTING, L.L.C. | | | | | |
| Principal Place of Business 1110 HICKORY AVE PANAMA CITY FL 32401 | | | Mailing Address 1110 HICKORY AVE PANAMA CITY FL 32401 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt #, etc. | | Suite, Apt #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 80-0090089 <div style="float: right; border: 1px solid black; padding: 2px;"> Applied For Not Applicable </div> | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent GUERINO, JAMES R ESQ 2858 REMINGTON GREEN CIRCLE TALLAHASSEE FL 32308 | | | 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 _____ (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 | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM GRINSLADE, STEVEN J 1110 HICKORY AVE PANAMA CITY FL 32401 | <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 | MGRM GRINSLADE, ANGELIA M 1110 HICKORY AVE PANAMA CITY FL 32401 | <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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| 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: <i>Angelia Grinslade</i> <i>Angelia Grinslade</i> <i>3/21/05</i> <i>850-258-8703</i> | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | | | |