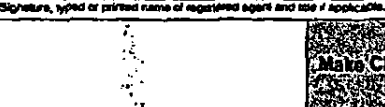
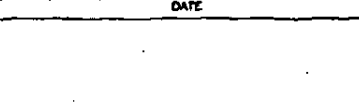


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 19, 2004 8:00 am
Secretary of State

04-07-2004 90352 030 *****50.00

DOCUMENT # L03000056323			
1. Entity Name BILL STALCUP PAINTING "LLC"			
Principal Place of Business 259 MONTEREY AVE ST. AUGUSTINE FL 32084		Mailing Address 259 MONTEREY AVE ST. AUGUSTINE FL 32084	
2. Principal Place of Business <i>Home</i>		3. Mailing Address <i>859 MONTEREY AVE.</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>ST. AUGUSTINE FL</i>		City & State	
Zip <i>32084</i>	Country <i>ST. JOHNS</i>	Zip	Country
4. FEI Number <i>200529856</i>		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent STALCUP, WILLIAM D 259 MONTEREY AVE ST. AUGUSTINE FL 32084		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		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		DATE	
Signature, typed or printed name of registered agent and use if applicable.		(NOTE: Registered Agent signature required when running)	
			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004			
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: <i>William D. Stalcup</i> WILLIAM D. STALCUP		3-31-04 904-829-6598	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

34006696



MOORE CR2E083 (11/03)