

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 16, 2006 8:00 am**  
**Secretary of State**

03-16-2006 90032 029 \*\*\*\*55.00

DOCUMENT # L03000056293

1. Entity Name

PANHANDLE PAINTING ETC. LLC



Principal Place of Business

3051 HAWKS LANDING DR.  
TALLAHASSEE FL 32309

Mailing Address

3051 HAWKS LANDING DR.  
TALLAHASSEE FL 32309



2. Principal Place of Business

715 BROCK RD

3. Mailing Address

715 BROCK RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

MONTICELLO, FL

City & State

MONTICELLO FL

City & State

MONTICELLO, FL

Zip

32344

Country

JEFFERSON

Zip

32344

Country

JEFFERSON

1st MOORE

CR2E083 (10/05)

4. FEI Number

65-1228205

Applied For

Not Applicable

5. Certificate of Status Desired

A

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WARD, TIMOTHY  
3051 HAWKS LANDING DR.  
TALLAHASSEE FL 32309

MONTICELLO, FL 32344

7. Name and Address of New Registered Agent

Name

J.F. WARD, JR

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

715 BROCK RD

City

MONTICELLO

FL

Zip Code

32344

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 registering)

DATE

**FILE NOW!!! FEE IS \$50.00.**  
**Make Check Payable to Florida Department of State.**  
**Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete  
NAME WARD, TIMOTHY  
STREET ADDRESS ~~3051 HAWKS LANDING DR.~~ 715 BROCK RD  
CITY-ST-ZIP TALLAHASSEE FL 32309 MONTICELLO, FL 32344

TITLE S ☒ Delete  
NAME WARD, TINA A  
STREET ADDRESS 3051 HAWKS LANDING DR.  
CITY-ST-ZIP TALLAHASSEE FL 32309

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 S ☒ Change ☐ Addition  
NAME J.F. WARD, JR  
STREET ADDRESS 715 BROCK RD  
CITY-ST-ZIP MONTICELLO, FL 32344

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

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

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

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 exemptions contained in Section 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:

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

Date

Daytime Phone #