


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 28, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000056557 1. Entity Name J & J CUSTOM PAINTING LLC	
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Principal Place of Business 9635 REBEL RD PENSACOLA, FL 32526	Mailing Address 9635 REBEL RD PENSACOLA, FL 32526
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DO NOT WRITE IN THIS SPACE



02062006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 36-4545385	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
**BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 32301-2960**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$50.00
Due by May 1, 2006**

**000000452343
03/11/06-80023-017 50.00**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JONES, SCOTT 9635 REBEL ROAD PENSACOLA, FL 32526
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JONES, SONYA 9635 REBEL ROAD PENSACOLA, FL 32526
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IN THIS SPACE**

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:  **Scott Jones** 2-6-06 850944-7221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #