

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90199 049 ****55.00

20005152



01152005 Chg-LLC CR2E083 (10/03)

4. FEI Number **200575879** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

DOCUMENT # L04000002819

1. Entity Name
GREG HAGANS CARPENTRY LLC



Principal Place of Business
**438 ALPINE WAY
PANAMA CITY, FL 32404 US**

Mailing Address
**438 ALPINE WAY
PANAMA CITY, FL 32404 US**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

6. Name and Address of Current Registered Agent
**HAGANS, GREG
438 HAGANS WAY
PANAMA CITY, FL 32404**

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 _____

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAGANS, GREG 438 ALPINE WAY PANAMA CITY, FL 32404 <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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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 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: Greg Hagans **1/15/05** **850-874-2159**

SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

ATTACHMENT

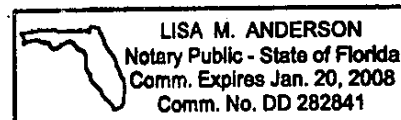
20005151

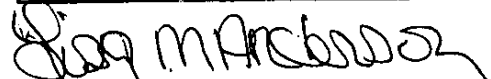
#L 040000638716

MIKE WALDEN
21914 Belgrade#4
Panama City Beach FL.
32413

I Mike Walden resign from CJ's Painting LLC. I Mike Walden
give to Charlotte LeCompte my holding of 10% in CJ's Painting LLC. I hold no responsibility to or
from CJ's Painting LLC.


Mike Walden





State of Florida, Bay County
Sworn to (or affirmed) and subscribed
before me this 15 day of Nov, 2004, by
MIKE WALDEN, Personally Known
OR Produced Identification. Type of
Identification Produced DL