

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000003166

FILED
Apr 25, 2005
Secretary of State

Entity Name: JACK LUCAS DRYWALL, LLC

Current Principal Place of Business:

9155 LOEST RD
JACKSONVILLE, FL 32234

New Principal Place of Business:

Current Mailing Address:

9155 LOEST RD
JACKSONVILLE, FL 32234

New Mailing Address:

FEI Number: 20-0585200

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUCAS, JACK G
9155 LOEST RD
JACKSONVILLE, FL 32234 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: LUCAS, JACK G
Address: 9155 LOEST RD
City-St-Zip: JACKSONVILLE, FL 32234

Title: MGRM () Delete
Name: LUCAS, JACOB S
Address: 1095 INGELESIDE AVE
City-St-Zip: JACKSONVILLE, FL 32205

Title: MGRM () Delete
Name: LUCAS, MARCUS E
Address: 8410 MAXVILLE BLVD
City-St-Zip: JACKSONVILLE, FL 32234

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JACOB S. LUCAS

MGRM

04/25/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date