


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

May 23, 2005 8:00 am
Secretary of State

04-26-2005 90018 028 ****50.00

DOCUMENT # L04000004073			
1. Entity Name FRED R. WARD DRYWALL, LLC			
Principal Place of Business 10132 LILLIAN HWY PENSACOLA, FL 32506		Mailing Address 10132 LILLIAN HWY PENSACOLA, FL 32506	
2. Principal Place of Business 915 Twinbrook Ave Suite, Apt. #, etc.		3. Mailing Address same Suite, Apt. #, etc.	
City & State Pensacola, FL Zip 32505		City & State FL Zip Country US	
4. FEI Number N/A		Applied For <input checked="" 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 WARD, FRED R 10132 LILLIAN HWY PENSACOLA, FL 32506		7. Name and Address of New Registered Agent Name Ward, Fred R. Street Address (P.O./Box Number is Not Acceptable) 915 Twinbrook Ave City Pensacola FL Zip Code 32505	
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: <u>N/A</u> Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature required when resigning) 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 MGR WARD, FRED R 10132 LILLIAN HWY PENSACOLA, FL 32506	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP N/A	<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: <u>Fred R. Ward</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		4/19/05 Date Daytime Phone #	