

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000007219

FILED
Apr 20, 2005
Secretary of State

Entity Name: MICHAEL JANES HOME MAINTENANCE & REPAIRS LLC

Current Principal Place of Business:

6647 RIDGE CREST DRIVE
MILTON, FL 32570 US

New Principal Place of Business:

6353 HWY4
JAY, FL 32570 US

Current Mailing Address:

6647 RIDGE CREST DRIVE
MILTON, FL 32570 US

New Mailing Address:

6353 HWY 4
JAY, FL 32565 US

FEI Number: 20-0668596

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JANES, MICHAEL W
6647 RIDGE CREST DRIVE
MILTON, FL 32570 US

Name and Address of New Registered Agent:

JANES, MICHAEL W
6353 HWY 4
JAY, FL 32565 US

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: MICHAEL W JANES

04/20/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: JANES, MICHAEL W
Address: 6647 RIDGE CREST DRIVE
City-St-Zip: MILTON, FL 32570 US

Title: MGRM () Delete
Name: DRIVER, PATRICIA A
Address: 6647 RIDGE CREST DRIVE
City-St-Zip: MILTON, FL 32570 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: JANES, MICHAEL W
Address: 6353 HWY 4
City-St-Zip: JAY, FL 32565 US

Title: MGRM (X) Change () Addition
Name: DRIVER, PATRICIA A
Address: 6353 HWY 4
City-St-Zip: JAY, FL 32565 US

Title: MGRM () Change (X) Addition
Name: KIMMONS, JOSHUA L
Address: 6353 HWY 4
City-St-Zip: JAY, FL 32565 US

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: MICHAEL W JANES

MGRM

04/20/2005

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