

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90077 046 ****50.00

DOCUMENT # L04000010755

1. Entity Name

CHRISTIE JOHNSON PAINTING LLC



Principal Place of Business

3153 COTTON WOOD DRIVE
CRESTVIEW FL 32539

Mailing Address

3153 COTTON WOOD DRIVE
CRESTVIEW FL 32539

2. Principal Place of Business

5453 Northwood Rd.
Suite, Apt. #, etc.

3. Mailing Address

5453 Northwood Rd.
Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/04)



City & State

Crestview, FL

City & State

Crestview, FL

4. FEI Number

200701039

☒ Applied For

☐ Not Applicable

Zip

32539

Country

O.K.A

Zip

32539

Country

O.K.A

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, CHRISTIE
3153 COTTONWOOD DRIVE
CRESTVIEW FL 32539

7. Name and Address of New Registered Agent

Name

Christie Johnson

Street Address (P.O. Box Number is Not Acceptable)

5453 Northwood Rd.

City

Crestview

FL

Zip Code

32539

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

Christie Johnson

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4-7-04

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2005**

9. MANAGING MEMBERS / MANAGERS

TITLE MGR ☒ Delete
NAME JOHNSON, CHRISTIE
STREET ADDRESS 3153 COTTONWOOD DRIVE
CITY-ST-ZIP CRESTVIEW FL 32539

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE MGR ☒ Change ☐ Addition
NAME Christie Johnson
STREET ADDRESS 5453 Northwood Rd.
CITY-ST-ZIP Crestview, FL 32539

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Christie Johnson - Christie Johnson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-7-04

Date

850) 218-0806

850) 830-7944

Daytime Phone #