


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 05, 2005 8:00 am
Secretary of State

04-05-2005 90009 023 ****50.00

DOCUMENT # L04000013572	
1. Entity Name BOB HUTTON DRYWALL LLC	

Principal Place of Business 3824 116TH ST W BRADENTON FL 34210	Mailing Address 3824 116TH ST W BRADENTON FL 34210
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2. Principal Place of Business 3205 SOUTHERN PKWY	3. Mailing Address 3205 SOUTHERN PKWY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State BRADENTON FL	City & State BRADENTON FL
Zip	Country

1st MOORE CR2E083 (10/04)

4. FEI Number 20-0763603	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent HUTTON, ROBERT 3824 116TH ST W BRADENTON FL 34210	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HUTTON, ROBERT G 3824 116TH ST W BRADENTON FL 34210 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HUTTON, ROBERT G 3205 SOUTHERN PKWY BRADENTON FL 34205 <input checked="" 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
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
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: <i>Bob Hutton</i>	Date: 3/30/05	Daytime Phone #: 94-794-5491
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		