

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 14, 2005 8:00 am**  
**Secretary of State**

03-14-2005 90591 050 \*\*\*\*50.00

**DOCUMENT # L04000013708**

**1. Entity Name**  
**STEPHEN CALHOUN PAINTING CO LLC**



**Principal Place of Business**  
**211 BETTYWOOD CIRCLE**  
**CRAWFORDVILLE, FL 32327**

**Mailing Address**  
**211 BETTYWOOD CIRCLE**  
**CRAWFORDVILLE, FL 32327**

**20020252**



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02022005 Chg-LLC CR2E083 (10/03)

**4. FEI Number**

**20-0625199**

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐

**\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**CALHOUN, STEPHEN**  
**211 BETTYWOOD CIRCLE**  
**CRAWFORDVILLE, FL 32327**

Name

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

City

**FL**

Zip Code

**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**

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

(NOTE: Registered Agent signature required when reinstating)

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**  
**MGRM**  
**CALHOUN, STEPHEN**  
**211 BETTYWOOD CIRCLE**  
**CRAWFORDVILLE, FL 32327**

☐ Delete

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

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**MGRM**  
**WESTMORELAND, JOSEPH**  
**211 BETTYWOOD CIRCLE**  
**CRAWFORDVILLE, FL 32327**

☐ Delete

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

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**MGRM**  
**CRAWFORD, CHARLES TIMOTH**  
**211 BETTYWOOD CIRCLE**  
**CRAWFORDVILLE, FL 32327**

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**STREET ADDRESS**  
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☐ Change ☐ 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:**

**STEPHEN CALHOUN**

**3-7-05 850-510-4047**

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

Date

Daytime Phone #