

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90318 048 \*\*\*\*50.00

**DOCUMENT # L04000023982**

1. Entity Name  
**JOSEPH DENT PAINTING & DRYWALL REPAIR LLC**



Principal Place of Business      Mailing Address  
**1908 SHERMAN AVE.**      **1908 SHERMAN AVE.**  
**PANAMA CITY, FL 32405**      **PANAMA CITY, FL 32405**

**60046677**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
**2919 Longwood Cr.**      **2919 Longwood Cr.**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

03082007    Chg-LLC    CR2E083 (12/06)

City & State      City & State  
**Panama City, FL**      **Panama City, FL**  
 Zip      Country      Zip      Country  
**32405**      **US**      **32405**      **US**

4. FEI Number      Applied For  
**65-0582901**       Not Applicable

5. Certificate of Status Desired       **\$5.00** Additional Fee Required

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

**DENT, JOSEPH H**  
**1908 SHERMAN AVE.**  
**PANAMA CITY, FL 32405**

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

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.

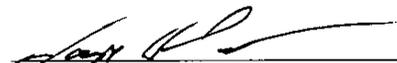
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**Filing Fee is \$50.00**  
**Due by May 1, 2007**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENT, JOSEPH H	NAME	
STREET ADDRESS	1908 SHERMAN AVE.	STREET ADDRESS	2919 Longwood Cr.
CITY-ST-ZIP	PANAMA CITY, FL 32405	CITY-ST-ZIP	Panama City, FL 32405
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**       **4-27-07**      **850-624-6671**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #