

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000039352

Entity Name: JB PAINTING LLC

FILED
Apr 30, 2007
Secretary of State

Current Principal Place of Business:

1212 BAINBRIDGE HIGHWAY
QUINCY, FL 32352 US

New Principal Place of Business:

1153 EAST KING STREET
QUINCY, FL 32352 US

Current Mailing Address:

1212 BAINBRIDGE HIGHWAY
QUINCY, FL 32352 US

New Mailing Address:

1153 EAST KING STREET
QUINCY, FL 32352 US

FEI Number: 20-1295106

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BURDICK, MICHELLE M
1212 BAINBRIDGE HWY
QUINCY, FL 32352 US

Name and Address of New Registered Agent:

CLARK, MAX T
113 W FRANKLIN ST
QUINCY, FL 32351 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: MAX T. CLARK CPA

04/30/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BURDICK, JOHNNIE R JR
Address: 1212 BAINBRIDGE HWY
City-St-Zip: QUINCY, FL 32352 US

Title: MGR (X) Delete
Name: BURDICK, JOHNNY B
Address: 3750 COLLINS RD
City-St-Zip: WHIGHAM, GA 39897

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BURDICK, JOHNNIE R JR
Address: 1153 EAST KING STREET
City-St-Zip: QUINCY, FL 32352 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JOHNNIE R. BURDICK, JR

MGR

04/30/2007

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