

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000041589

FILED
Mar 15, 2006
Secretary of State

Entity Name: CRAWFORD'S PAINTING & PRESSURE WASHING, LLC

Current Principal Place of Business:

98 NORTH LOWDER STREET
MACCLENNY, FL 32063 US

New Principal Place of Business:

Current Mailing Address:

98 NORTH LOWDER STREET
MACCLENNY, FL 32063 US

New Mailing Address:

FEI Number: 20-1275086

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRAWFORD, CLARENCE J
98 NORTH LOWDER STREET
MACCLENNY, FL 32063 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CRAWFORD, CLARENCE J
Address: 98 NORTH LOWDER STREET
City-St-Zip: MACCLENNY, FL 32063 US

Title: MGRM () Delete
Name: CRAWFORD, DEBORAH A
Address: 98 NORTH LOWDER STREET
City-St-Zip: MACCLENNY, FL 32063 US

Title: MGRM () Delete
Name: HUNTER, KENNETH
Address: 509 IVY STREET
City-St-Zip: MACCLENNY, FL 32063 US

ADDITIONS/CHANGES:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: CLARENCE J CRAWFORD

MGRM

03/15/2006

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