



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 30, 2005 8:00 am
Secretary of State

03-30-2005 90160 007 ****50.00

DOCUMENT # L04000047892 1. Entity Name WARD'S PAINTING AND HOME REPAIR, LLC					
Principal Place of Business 1830 JUNIPER LAKE RD DEFUNIAK SPGS, FL 32433 US			Mailing Address 1830 JUNIPER LAKE RD DEFUNIAK SPGS, FL 32433 US		
2. Principal Place of Business <i>1830 Juniper Lake Rd</i>		3. Mailing Address <i>Same</i>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		03162005 Chg-LLC CR2E083 (10/03)	
City & State <i>Defuniak Spgs. FL</i>		City & State <i>Defuniak Spgs FL</i>		4. FEI Number 26-0089413	
Zip 32433		Country USA		Applied For Not Applicable	
Zip 32433		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WARD, ROBERT L 1830 JUNIPER LAKE RD DEFUNIAK SPGS, FL 32433			7. Name and Address of New Registered Agent Name <i>Robert Ward</i> Street Address (P.O. Box Number is Not Acceptable) <i>1830 Juniper Lk. Rd.</i> City <i>Defuniak Spgs. FL</i> Zip Code <i>32433</i>		
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 <i>Robert L Ward</i> (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	MGR WARD, ROBERT L 1830 JUNIPER LAKE RD DEFUNIAK SPGS, FL 32433	<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"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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"/> 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>Robert L Ward</i> 3/29/05 (850) 892-0224 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					