

# **2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000063048

**FILED**  
**Jul 25, 2005**  
**Secretary of State**

**Entity Name:** CLAY WILSON PAINTING LLC

**Current Principal Place of Business:**

2987 SHARON AVE  
CRESTVIEW, FL 32539

**New Principal Place of Business:**

**Current Mailing Address:**

2987 SHARON AVE  
CRESTVIEW, FL 32539

**New Mailing Address:**

**FEI Number:** 20-1536340      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

WILSON, CLAY JR.  
2987 SHARON AVE  
CRESTVIEW, FL 32539      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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM      ( ) Delete  
**Name:** WILSON, CLAY JR.  
**Address:** 2987 SHARON AVE  
**City-St-Zip:** CRESTVIEW, FL 32539

**ADDITIONS/CHANGES:**

**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 Section 119.07(3)(i), 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:** CLAT WILSON,JR.

MGRM

07/25/2005

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