


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 26, 2005 8:00 am
Secretary of State

04-20-2005 90035 025 ****50.00

DOCUMENT # L04000064105	
1. Entity Name JENKINS DRYWALL LLC	

Principal Place of Business 110 EAST WASHINGTON ST. MINNEOLA FL 34755	Mailing Address P.O. BOX 960 MINNEOLA FL 34755
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2. Principal Place of Business 110 E. WASHINGTON ST.	3. Mailing Address P.O. BOX
Suite, Apt. #, etc. C-1	Suite, Apt. #, etc.

City & State MINNEOLA FLA.	City & State MINNEOLA FLA
Zip 34755	Zip 34755
Country LAKE	Country LAKE

6. Name and Address of Current Registered Agent JENKINS, JESSE W JR 110 EAST WASHINGTON ST. MINNEOLA FL 34755	
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 **JESSE W. JENKINS JR.** (NOTE: Registered Agent signature required when re-registering) **Jesse Wm Jenkins Jr.** **4/14/05**

FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JENKINS, JESSE W 110 EAST WASHINGTON ST. MINNEOLA FL 34755 <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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **Jesse Wm Jenkins Jr.** **4/14/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #