2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 27, 2005 8:00 am
Secretary of State
05-02-2005 90084 027 ****50.00

DOCUMENT # L04000065463

1. Entity Name

D AND B CONSTRUCTION LLC

Principal Place of Business	Mailing Address
500 H CHINA'S GROVE FORT WALTON BEACH FL 32547	500 H CHINA'S GROVE FORT WALTON BEACH FL 32547

1st MOORE CR2E083 (10/04)

2. Principal Place of Business	3. Mailing Address
1905 Squirrel Path Suite, Apt. #, etc.	1905 Squirrel Path Suite, Apt. #, etc.
City & State: FWB, FL	City & State: FWB, FL
Zip: 32547 Country: USA	Zip: 32547 Country: USA

4. FEI Number: 32-0154317 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SCHELICH, ROBERT J 500 H CHINA'S GROVE FORT WALTON BEACH FL 32547	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 _____ 04/26/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM SCHELICH, ROBERT J 500 H CHINA'S GROVE FORT WALTON BEACH FL 32547	☒ Delete	MGRM Schelich, Robert J. 1905 Squirrel Path Fort Walton Beach, FL 32547	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM BROWN, CHRISTY L 500 H CHINA'S GROVE FORT WALTON BEACH FL 32547	☐ Delete	MGRM Schelich, christina L 1905 Squirrel Path Fort Walton Beach, FL 32547	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ 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: _____ 04/26/05 (850) 803-1934
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #