


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90019 015 ****55.00

DOCUMENT # L04000070105

1. Entity Name
KEN'S PAINTING & DRYWALL, LLC



Principal Place of Business
**1475 WOODLAKE DR., #200
 LAKELAND, FL 33803**

Mailing Address
**1475 WOODLAKE DR., #200
 LAKELAND, FL 33803**

2. Principal Place of Business
1643 ROBERTSON STREET
 Suite, Apt. #, etc.

3. Mailing Address
1643 ROBERTSON ST.
 Suite, Apt. #, etc.

City & State
LAKELAND FL

City & State
LAKELAND FL

Zip
33803 Country
POLK

Zip
33803 Country
POLK



03122005 Chg-LLC CR2E083 (10/03)

4. FEI Number
20-0320811

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**FARR, KENNETH H
 1475 WOODLAND DR., #200
 LAKELAND, FL 33803**

7. Name and Address of New Registered Agent

Name
SAME AGENT (KENNETH H. FARR)

Street Address (P.O. Box Number is Not Acceptable)
1643 ROBERTSON ST.

City
LAKELAND FL Zip Code
33803

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 *Kenneth H. Farr* DATE 4/19/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	MGRM FARR, KENNETH H 1475 WOODLAKE DR., #200 LAKELAND, FL 33803 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT FARR, KENNETH H. 1643 ROBERTSON ST. LAKELAND, FL 33803 <input checked="" 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
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
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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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

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: *Kenneth H. Farr* DATE 4/19/05 (863) 42-6505

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #