

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000085928

FILED  
Sep 07, 2005  
Secretary of State

**Entity Name:** CUSTOM PAINTING AND MORE LLC

**Current Principal Place of Business:**

310 E. PENIEL RD.  
PALATKA, FL 32177

**New Principal Place of Business:**

**Current Mailing Address:**

310 E. PENIEL RD.  
PALATKA, FL 32177

**New Mailing Address:**

P.O. BOX 1331  
PALATKA, FL 32178

FEI Number: 14-1918484      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:**

HEATH, WILLIE R JR  
310 E. PENIEL RD.  
PALATKA, FL 32177      US

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

HEATH, WILLIE R JR.  
310 E. PENIEL RD.  
PALATKA, FL 32177      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: WILLIE R. HEATH JR.

09/07/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: HEATH, WILLIE R JR  
Address: 310 E. PENIEL RD.  
City-St-Zip: PALATKA, FL 32177

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change      ( ) Addition  
Name: HEATH, WILLIE R JR.  
Address: 310 E. PENIEL RD.  
City-St-Zip: PALATKA, FL 32177

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: WILLIE R. HEATH JR.

MGR

09/07/2005

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