

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

03-22-2006 90290 036 \*\*\*\*50.00

**DOCUMENT # L05000011241**  
 1. Entity Name  
**PAUL JONES CONTRACTOR, LLC**



Principal Place of Business Mailing Address **1835 N. Washington Ave**  
**1767 APACHE TRAIL 1835 N. WASHINGTON AVE**  
**CLEARWATER FL 33755 CLEARWATER FL 33755**

2. Principal Place of Business 3. Mailing Address  
**1835 N. WASHINGTON AVE** **1835 N. WASHINGTON AVE**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

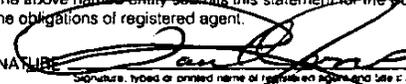
City & State City & State  
**Clearwater FL** **Clearwater FL**  
 Zip Country Zip Country  
**33755 Pinellas** **33755 Pinellas**

**30003943**  
  
 1st MOORE CR2E083 (10/05)

4. FEI Number Applied For  
 Not Applicable  
 5. Certificate of Status Desired  \$5.00 Additional Fee Required

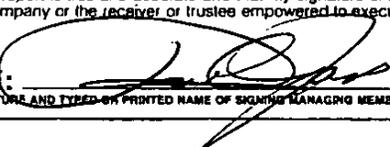
6. Name and Address of Current Registered Agent  
**JONES, PAUL**  
**1767 APACHE TRAIL 1835 N. WASHINGTON AVE.**  
**CLEARWATER FL 33755**

7. Name and Address of New Registered Agent  
 Name **JONES, PAUL**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1835 N. WASHINGTON AVE.**  
 City **Clearwater** **FL** Zip Code **33755**

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  DATE **5-30-06**

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Paul Jones (MGRM)</b> <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
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 exemptions contained in Section 119, 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:  DATE **5/30/06** Daytime Phone #