


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90042 017 \*\*\*\*50.00

|  |   |   |  |   |  |
|--|---|---|--|---|--|
| <b>DOCUMENT # L05000016865</b>   |   |   |  |  |  |
| 1. Entity Name<br><b>PAUL T. HAYNES PAINTER'S SPECIALTIES LLC</b>  |   |   |  |   |  |
| Principal Place of Business<br><b>3109 ALCANTE ST.<br/>PENSACOLA, FL 32526</b>   |   |   | Mailing Address<br><b>3109 ALCANTE ST.<br/>PENSACOLA, FL 32526</b>   |   |  |
| 2. Principal Place of Business   |   |   | 3. Mailing Address   |   |  |
| Suite, Apt. #, etc.  |   |   | Suite, Apt. #, etc.  |   |  |
| City & State   |   |   | City & State   |   |  |
| Zip  | Country   | Zip   | Country  | 4. FEI Number<br><b>04042006 Chg-LLC CR2E083 (11/05)</b>                          |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required   |   |   |  | Applied For <input checked="" type="checkbox"/> Not Applicable                    |  |
| 6. Name and Address of Current Registered Agent<br><b>HAYNES, PAUL T<br/>3109 ALCANTE ST.<br/>PENSACOLA, FL 32526</b>  |   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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.<br>SIGNATURE <u>Paul T. Haynes</u> (NOTE: Registered Agent signature required when reappointing) DATE  |   |   |  |   |  |
| Filing Fee is \$50.00 Due by May 1, 2006   |   | Make check payable to Florida Department of State |  |   |  |
| 9. MANAGING MEMBERS/MANAGERS   |   |   | 10. ADDITIONS/CHANGES  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>BALLARD, CLYDE<br>3109 ALCANTE ST.<br>PENSACOLA, FL 32526 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>HAYNES, PAUL T<br>3109 ALCANTE ST.<br>PENSACOLA, FL 32526 <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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 Chapter 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 606, Florida Statutes.<br>SIGNATURE: <u>Paul T. Haynes</u> 4/10/06<br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone # |   |   |  |   |  |

PS, I DONT HAVE A FEI #

If you would send me A FORM ON How  
I could get a FEI # I would appreciate it Thanks