


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 27, 2006 8:00 am**  
**Secretary of State**

01-27-2006 90074 017 \*\*\*\*50.00

<b>DOCUMENT # L05000017777</b> 1. Entity Name <b>C&amp;D DRYWALL SERVICES LLC</b>					
Principal Place of Business <b>538 SPRING CLUB DR. ALTAMONTE SPRINGS, FL 32714</b>			Mailing Address <b>538 SPRING CLUB DR. ALTAMONTE SPRINGS, FL 32714</b>		
2. Principal Place of Business <b>204 Southern Magnolia Lane</b> Suite, Apt. #, etc.		3. Mailing Address <b>204 Southern Magnolia Lane</b> Suite, Apt. #, etc.			
City & State <b>Sanford, FL 32771</b> Zip Country <b>32771 U.S.A.</b>		City & State <b>Sanford, FL 32771</b> Zip Country <b>32771 U.S.A.</b>		4. FEI Number <b>83-0420956</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent  <b>MUSTOE, JODI K ESQUIRE COX &amp; ROUSE, P.A. 240 LOOKOUT PLACE MAITLAND, FL 32751</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) 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.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS / MANAGERS</b>			<b>10. ADDITIONS / CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR LEPACH, DAVID J SR 538 SPRING CLUB DR ALTAMONTE SPRINGS, FL 32714</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>204 Southern Magnolia Lane Sanford, FL 32771</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM LEPACH, CYNTHIA 538 SPRING CLUB DR. ALTAMONTE SPRINGS, FL 32714</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>204 Southern Magnolia Lane Sanford, FL 32771</b> <input checked="" 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		
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		
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.					
<b>SIGNATURE:</b> <i>David J Lepach Sr</i> <b>DAVID J LEPACH SR</b> <b>1-9-06</b> <b>407-463-4532</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

ATTACHMENT  
#20002208  
#L0500001777  
**COX & ROUSE, P.A.**  
ATTORNEYS AT LAW

KEEWIN LEXINGTON PARK  
240 LOOKOUT PLACE  
MAITLAND, FLORIDA 32751

E-mail: jodi@coxandrouse.com

PAMELA J. COX  
JODI K. MUSTOE  
MICHAEL D. ROUSE\*

TELE: (407) 644-5225  
FAX: (407) 644-2866

\*Board Certified in  
Workers' Compensation

January 23, 2006

Florida Department of State  
Division of Corporations  
PO Box 6478  
Tallahassee, FL 32314

RE: C&D Drywall Services

Dear Sir/Madam:

Enclosed for filing is a completed 2006 Limited Liability Company Annual Report along with check number 6085 in the amount of \$50.00. Should you have any questions or comments, please do not hesitate to contact me.

Sincerely,

  
Jodi K. Mustoe

JKM:ger  
Enclosures  
cc: David LePach, Sr.