

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000018976

FILED  
Feb 01, 2006  
Secretary of State

**Entity Name:** JOHNSON'S PAINTING SERVICES, LLC.

**Current Principal Place of Business:**

2715 NE 22ND COURT  
OCALA, FL 34470

**New Principal Place of Business:**

2715 NE 22ND COURT  
OCALA, FL 34470 US

**Current Mailing Address:**

2715 NE 22ND COURT  
OCALA, FL 34470

**New Mailing Address:**

2715 NE 22ND COURT  
OCALA, FL 34470 US

FEI Number: 33-1112815

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

SAUNDERS, CATHERINE C  
10117 SE HWY. 441  
BELLEVIEW, FL 34420 US

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

ODOM, DANNY R  
1909 NE 52ND STREET  
OCALA, FL 34479 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: DANNY R. ODOM

02/01/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: JOHNSON, WILLIAM T  
Address: 2715 NE 22ND COURT  
City-St-Zip: OCALA, FL 34470

Title: MGRM (X) Delete  
Name: JIMENEZ, WILLIAM P  
Address: 2968 NE 14TH STREET APT. A11  
City-St-Zip: OCALA, FL 34470

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: WILLIAM T. JOHNSON

MGR

02/01/2006

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