## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **FILED** Apr 15, 2008 08:00 AN Secretary of State DOCUMENT # L05000018976 1. Entity Name JOHNSON'S PAINTING SERVICES, LLC. Principal Place of Business Mailing Address 123 WILLOW RD 123 WILLOW RD OCALA, FL 34472 US OCALA, FL 34472 DO NOT WRITE IN THIS SPACE 02112008 No Chg-LLC CR2E083 (12/07) Applied For 4. FEI Number 33-1112815 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required DO NOT WRITE 6. Name and Address of Current Registered Agent ODOM, DANNY R 1909 NE 52ND STREET OCALA, FL 34479 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 U00000898574 After May 1, 2008 Fee will be \$538.75 04/28/08-80002-010 138.75 9. MANAGING MEMBERS/MANAGERS MGR TITLE JOHNSON, WILLIAM T NAME 123 WILLOW RD STREET ADDRESS CITY-ST-ZIP OCALA, FL 34472 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

11. I hereby certify that the information supplied with this filling 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 trustegrempowered to execute this report as required by Chapter 608, Florida Statutes.

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGE