

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000020142

FILED
Apr 27, 2007
Secretary of State

Entity Name: CHARLES INGRAM DRY WALL LLC

Current Principal Place of Business:

8626 SUNNYDALE LN
LAKELAND, FL 33809

New Principal Place of Business:

Current Mailing Address:

8626 SUNNYDALE LN
LAKELAND, FL 33809

New Mailing Address:

FEI Number: 59-3798847

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BELL, MARTHA
3500 S FLORIDA AVE, SUITE 5
LAKELAND, FL 33803 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: INGRAM, CHARLES
Address: 8626 SUNNYDALE LN
City-St-Zip: LAKELAND, FL 33809

Title: MBR () Delete
Name: KAUFFMAN, JOSHUA
Address: 1109 N SWINDELL AVE
City-St-Zip: LAKELAND, FL 33801

Title: MBR () Delete
Name: FILLMAN, IRVIN
Address: 3229 HUGHES ST
City-St-Zip: LAKELAND, FL 33801

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: KAUFFMAN, JOSHUA
Address: 1109 N SWINDELL AVE
City-St-Zip: LAKELAND, FL 33801

Title: MGR (X) Change () Addition
Name: THOMPSON, TEERY
Address: 123 3RD STREET
City-St-Zip: ELOISE, FL 33880

I hereby certify that the information supplied with this filing does not qualify 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: ON FILE

MGR

04/27/2007

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