


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 10, 2006 8:00 am
Secretary of State

05-08-2006 90039 030 ****55.00

DOCUMENT # L05000023547

1. Entity Name
PAULK WOODWORKING, LLC



Principal Place of Business Mailing Address

5652 MUNSON HIGHWAY 5652 MUNSON HIGHWAY
MILTON FL 32570 MILTON FL 32570
US US

30011655



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E083 (10/05)

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For

68-0620801 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PAULK, RANDALL D
5652 MUNSON HIGHWAY
MILTON FL 32570

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Numbers Not Acceptable)

City **FL** Zip Code

B. 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 DATE

Signature, typed or stamped name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>President et al</i> <i>Randall Paulk</i> <i>5652 Munson Hwy</i> <i>Milton FL 32570</i>	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
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I, I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 608, Florida Statutes.

SIGNATURE: *Randall D. Paulk* 4-28-06 P50-626-6236

Randall D. Paulk

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Chapter Page #