

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90020 021 \*\*\*\*50.00

**DOCUMENT # L05000050145**

1. Entity Name  
**D & K PAINT AND TRIM, LLC**



Principal Place of Business  
~~495 N OAK AVE~~  
~~BARTOW, FL 33830~~

Mailing Address  
~~495 N OAK AVE~~  
~~BARTOW, FL 33830~~

2. Principal Place of Business  
**105 Spurlin Court**  
Suite, Apt. #, etc.

3. Mailing Address  
**105 Spurlin Court**  
Suite, Apt. #, etc.



04202006 Chg-LLC CR2E083 (11/05)

City & State  
**Winter Haven, FL**  
Zip **33880** Country **USA**

City & State  
**Winter Haven, FL**  
Zip **33880** Country **USA**

4. FEI Number  
**59-3806091**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**BARBER, DAVID**  
~~495 N OAK AVE~~  
~~BARTOW, FL 33830~~

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

**105 Spurlin Court**

City **Winter Haven**

**FL**

Zip Code **33880**

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

*David Barber*

(NOTE: Registered Agent signature required when reinstating)

DATE

**5-1-06**

**Filing Fee is \$50.00  
Due by May 1, 2006**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
BARBER, DAVID  
495 N OAK AVE  
BARTOW, FL 33830** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

**10. ADDITIONS/CHANGES**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**President  
Barber, David  
105 Spurlin Court  
Winter Haven, FL 33880** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

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STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ 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 608, Florida Statutes.

**SIGNATURE:**

*David Barber*


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**5-1-06**

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L05000050143</b>					
<b>1. Entity Name</b> D & K PAINT AND TRIM, LLC					
<b>Principal Place of Business</b> 495 N OAK AVE BARTOW, FL 33830			<b>Mailing Address</b> 495 N OAK AVE BARTOW, FL 33830		
<b>2. Principal Place of Business</b> 105 Spurlin Court Suite, Apt. #, etc.			<b>3. Mailing Address</b> 105 Spurlin Court Suite, Apt. #, etc.		
<b>City &amp; State</b> Winter Haven, FL Zip 33880 Country USA		<b>City &amp; State</b> Winter Haven, FL Zip 33880 Country USA		<b>4. FEI Number</b> 59-3806091	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
<b>6. Name and Address of Current Registered Agent</b> BARBER, DAVID 495 N OAK AVE BARTOW, FL 33830			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 105 Spurlin Court City Winter Haven FL Zip Code 33880		
<b>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.</b> SIGNATURE <i>David Barber</i> DATE 5-1-06 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<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	MGRM BARBER, DAVID 495 N OAK AVE BARTOW, FL 33830	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Barber, David 105 Spurlin Court Winter Haven, FL 33880
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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<b>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 608, Florida Statutes.</b> SIGNATURE <i>David Barber</i> DATE 5-10-06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

ATTACHMENT

60036130

04202006 Chg-LLC CR2E083 (11/05)