

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**May 22, 2006 8:00 am**  
**Secretary of State**

05-22-2006 90209 030 \*\*\*\*50.00



**DOCUMENT # L05000061220**  
 1. Entity Name  
**JERRY RUTHERFORD PAINTING LLC**

Principal Place of Business  
 222 INDUSTRIAL BLVD.  
 SUITE 189  
 NAPLES FL 34104  
 US

Mailing Address  
 P. O. BOX 9911  
 NAPLES FL 34101  
 US



2. Principal Place of Business  
 2023 Harbor Lane  
 Suite, Apt. #, etc.

3. Mailing Address  
 P.O. Box 9911  
 Suite, Apt. #, etc.

1st MOORE CR2E083 (10/05)

City & State  
 Naples FL

City & State  
 Naples, FL

Zip  
 34104

Country  
 Collier

Zip  
 34101

Country  
 Collier

4. FEI Number  
 267-50-0015

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
 RUTHERFORD, JERRY D SR.  
 222 INDUSTRIAL BLVD  
 SUITE 189  
 NAPLES FL 34104

7. Name and Address of New Registered Agent  
 Name: Jerry D. Rutherford, Sr.  
 Street Address (P.O. Box Number is Not Acceptable): 2023 Harbor Lane  
 City: Naples FL Zip Code: 34104

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent (and title if applicable) (NOTE: Registered Agent signature required when reconstituting)

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

9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RUTHERFORD, JERRY D SR 2023 HARBOR LANE NAPLES FL 34104 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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:** *Jerry D. Rutherford, Sr.* **Jerry D. Rutherford, Sr.** 4/22/06 (239) 825-0145  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Day/line Phone #