

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000013696

FILED
May 02, 2007
Secretary of State

Entity Name: CAULK UP AND SPRAY LLC

Current Principal Place of Business:

615 SOUTH GAY AVENUE
CALLAWAY, FL 32404

New Principal Place of Business:

1328 BRANTEN RD
SOUTHPORT, FL 32409

Current Mailing Address:

615 SOUTH GAY AVENUE
CALLAWAY, FL 32404

New Mailing Address:

1328 BRANTEN RD
SOUTHPORT, FL 32409

FEI Number: 51-0392047 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

KEEFER, CRAIG
615 SOUTH GAY AVENUE
CALLAWAY, FL 32404 US

Name and Address of New Registered Agent:

KEEFER, CRAIG
1328 BRANTEN RD
SOUTHPORT, FL 32409 US

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: _____

05/02/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KEEFER, CRAIG
Address: 615 SOUTH GAY AVENUE
City-St-Zip: PANAMA CITY, FL 32404

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: KEEFER, CRAIG
Address: 1328 BRANTEN RD
City-St-Zip: SOUTHPORT, FL 32409

Title: MGRM () Change (X) Addition
Name: WILLIAMS, LAMONT JR
Address: 3605 EAST 5TH ST.
City-St-Zip: PANAMA CITY, FL 32401

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: CRAIG KEEFER

MGR

05/02/2007

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