

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000025869

Entity Name: DMS CARPENTRY, LLC

FILED
May 01, 2007
Secretary of State

Current Principal Place of Business:

109 HENDERSON AVENUE
PANAMA CITY, FL 32401 US

New Principal Place of Business:

1806 HWY 2297
PANAMA CITY, FL 32404 US

Current Mailing Address:

109 HENDERSON AVENUE
PANAMA CITY, FL 32401 US

New Mailing Address:

PO BOX 10104
PANAMA CITY, FL 32404 US

FEI Number: 20-4503246 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:

STROZ, DENISE M
109 HENDERSON AVENUE
PANAMA CITY, FL 32401 US

Name and Address of New Registered Agent:

STROZ, DENISE M
1806 HWY 2297
PANAMA CITY, FL 32404 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: DENISE M STROZ

05/01/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: JOHNSON, PERCY
Address: 1940 HWY 2297
City-St-Zip: PANAMA CITY, FL 32404

Title: MGRM () Change (X) Addition
Name: DYE, TIM
Address: 529 CHESTNUT WAY
City-St-Zip: PANAMA CITY, FL 32404

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: DENISE M STROZ

MGR

05/01/2007

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