Jan 04 07 09:21p H.B.S. COMMERCIAL PAINTIN 1/17

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Mar 12, 2007 8:00 am
Secretary of State
01-17-2007 90007 030 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000050281

1. Entity Name
HBS COMMERCIAL PAINTING, LLC

30002111

Principal Place of Business	Mailing Address
2729 CORYBROOKE LANE KISSIMMEE, FL 34744	2729 CORYBROOKE LANE KISSIMMEE, FL 34744

01042007 Chg-LLC CR2E083 (12/05)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
9680 Boggy Creek Unit #7	51 Triad South Drive
Suite, Apt. #, etc. #7	Suite, Apt. #, etc.
City & State Orlando, FL	City & State St. Charles, MO
Zip / Country 32824 / US	Zip / Country 63304 / US

4. FEI Number
20-4820183
☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ST. JOHN, MARY 21510 SHERIDAN RUN ESTERO, FL 33928-6215	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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: (Signature, typed or printed name of registered agent and title if applicable) (REQUIRED: Registered Agent signature required when reinstated) Date

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS	10. ADDITIONS / CHANGES
TITLE MGR ☐ Delete NAME ST. JOHN, EDWARD STREET ADDRESS 1602 ASHFORD HILL COURT CITY-ST-ZIP WILDWOOD, MO 63038	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE MGR ☐ Delete NAME HERBSTER, JOSEPH JR STREET ADDRESS 19100 TURKEY TRAIL CITY-ST-ZIP WILDWOOD, MO 63038	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE MGRM ☐ Delete NAME David Blando STREET ADDRESS 2729 Corybrooke Lane CITY-ST-ZIP Kissimmee, FL 34744	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP

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 605, Florida Statutes.

SIGNATURE: Edward St. John 1/8/07 636-720-1700
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE) (Date) (Daytime Phone #)