


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 27, 2007 8:00 am**  
**Secretary of State**

08-27-2007 90121 044 \*\*\*\*55.00

<b>DOCUMENT # L06000100707</b>	
1. Entity Name <b>PANHANDLE PAINTING &amp; COATINGS, LLC</b>	

Principal Place of Business <b>7090 BILL LUNDY ROAD LAUREL HILL, FL 32567</b>	Mailing Address <b>7090 BILL LUNDY ROAD LAUREL HILL, FL 32567</b>
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2. Principal Place of Business - No P.O. Box # <b>158 Alabama Street</b>	3. Mailing Address <b>PO Box 790</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Crestview, Florida</b>	City & State <b>Crestview Florida</b>
Zip <b>32536</b>	Zip <b>32536</b>
Country <b>USA</b>	Country <b>USA</b>

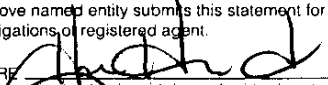
**60055134**



08202007 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>06-1796723</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>HOWARD, KENNETH D 7090 BILL LUNDY ROAD LAUREL HILL, FL 32567</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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.

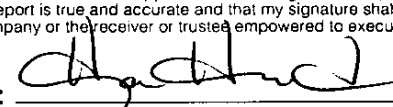
SIGNATURE  DATE **8-23-07**

(NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$50.00 Due by September 14, 2007</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P HOWARD, KENNETH D 7090 BILL LUNDY ROAD LAUREL HILL, FL 32567</b> <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	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"/> Delete	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 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:  DATE **8-23-07**

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