


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 20, 2007 8:00 am
Secretary of State

08-20-2007 90183 002 ****55.00

DOCUMENT # L06000121131	
1. Entity Name FOUNTAIN PAINTING LLC.	

Principal Place of Business 4189 HIGHWAY 79 VERNON FL 32462	Mailing Address P.O. BOX 7257 PANAMA CITY BEACH FL 32413
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2. Principal Place of Business - No P.O. Box # 4189 Highway 79 Suite, Apt. #, etc. Vernon Fla. City & State	3. Mailing Address 4189 Highway 79 Suite, Apt. #, etc. Vernon Fla. City & State
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2nd MOORE CR2E083 (4/07)

Zip 32462	Country United States	Zip 32462	Country U.S.A
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4. FEI Number 56-2637278	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent ESQUIVEL, TERESA 2538 WEST 9TH ST PANAMA CITY FL 32401	
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5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required

7. Name and Address of New Registered Agent Name Teresa Esquivel Street Address (P.O. Box Number is Not Acceptable) 4189 Hwy 79 Vernon FL 32462 City Zip Code	
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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 Teresa Esquivel <small>Signature, typed or printed name of registered agent as applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE	
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FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 5, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FOUNTAIN, DONNIE 4189 HIGHWAY 79 VERNON FL 32462 <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	MGR ESQUIVEL, TERESA 4189 HIGHWAY 79 VERNON FL 32462 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **Donna Fountain** **8-15-07** **(850)381-1302**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #