


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR)**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90134 035 \*\*\*\*50.00

**DOCUMENT # L00000000309**  
1. Entity Name  
**SHACKELFORD, L.C.**



Principal Place of Business Mailing Address  
**PO BOX 91 ELLENTON FL 34222** **PO BOX 91 ELLENTON FL 34222**

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
City & State City & State  
Zip Country Zip Country

4. FEI Number **65-0975216** Applied For  
Not Applicable

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



MOORE CR2E083 (11/03)

6. Name and Address of Current Registered Agent  
**SHACKELFORD, BRUCE**  
**1205 28TH AVE. EAST**  
**PALMETTO FL 34221**

7. Name and Address of New Registered Agent  
Name **BRUCE Shackelford**  
Street Address (P.O. Box Number is Not Acceptable)  
**9928 SR64 EAST**  
City **BRADENTON** FL Zip Code **34212**

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 *Bruce Shackelford* DATE 4/28/04  
Signature, typed or printed name of registered agent and title, applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE	PART <input type="checkbox"/> Delete
NAME	SHACKELFORD, BRUCE
STREET ADDRESS	PO BOX 91
CITY-ST-ZIP	ELLENTON FL 34222
TITLE	PART <input type="checkbox"/> Delete
NAME	JAMES, KAREN
STREET ADDRESS	25426 RANCAQUA DR.
CITY-ST-ZIP	PUNTA GORDA FL 33983
TITLE	PART <input type="checkbox"/> Delete
NAME	SHACKELFORD, GARY L
STREET ADDRESS	7310 15TH AVE. N.W.
CITY-ST-ZIP	BRADENTON FL 34209
TITLE	PART <input type="checkbox"/> Delete
NAME	SHACKELFORD, LELAND
STREET ADDRESS	3212 COUNTRY RIVER DR.
CITY-ST-ZIP	PARRISH FL 34219
TITLE	PART <input type="checkbox"/> Delete
NAME	SHACKELFORD, BRENT
STREET ADDRESS	PO BOX 91
CITY-ST-ZIP	ELLENTON FL 34222
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Bruce Shackelford* DATE 4/28/04 941-737-2992  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #