


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000013377 1. Entity Name WOS ENTERPRISES, LLC	
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Principal Place of Business 5736 WILLARD NORRIS ROAD MILTON, FL 32570	Mailing Address P.O. BOX 422 MILTON, FL 32572
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DO NOT WRITE IN THIS SPACE



01252005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 54-2081341	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent SALTER, WILLIAM O 5736 WILLARD NORRIS ROAD MILTON, FL 32570	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00
 Due by May 1, 2005**

U00000322409
 04/22/05-80005-015 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SALTER, WILLIAM O 5736 WILLARD NORRIS RD MILTON, FL 32570
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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: William O. Salter  4-10-05 850-994-4611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #