


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90313 040 ****50.00

DOCUMENT # L02000033989

1. Entity Name
VOLUME DIMENSIONS, LLC



Principal Place of Business
**5385 GATEWAY BLVD.
 SUITE 18
 LAKELAND, FL 33811**

Mailing Address
**5385 GATEWAY BLVD.
 SUITE 18
 LAKELAND, FL 33811**



2. Principal Place of Business
2222 S. Combee Road

3. Mailing Address
PO Box 121

Suite, Apt. #, etc.
8

Suite, Apt. #, etc.

02022004 Chg-LLC CR2E083 (10/03)

City & State
LAKELAND, FL

City & State
KATHLEEN, FL

Zip
33801

Country
US

Zip
33849

Country
US

4. FEI Number
01-0745451

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**VANTERPOOL, KENDEL
 5385 GATEWAY BLVD.
 SUITE 18
 LAKELAND, FL 33811**

7. Name and Address of New Registered Agent

Name
KenDel Vanterpool

Street Address (P.O. Box Number is Not Acceptable)
2222 S. COMBEE ROAD, STE 8

City **LAKELAND** **FL** Zip Code **33801**

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 *KENDEL VANTERPOOL* *KenDel Vanterpool* *2-06-04*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00 Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VANTERPOOL, KENDEL 5385 GATEWAY BLVD. LAKELAND, FL 33811 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VANTERPOOL, JOEY 265 BRADY WALK LAWRENCEVILLE, GA 90045 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VANTERPOOL, SHENEL 265 BRADY WALK LAWRENCEVILLE, GA 90045 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VANTERPOOL, SHARON 265 BRADY WALK LAWRENCEVILLE, GA 90045 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO VANTER, KENDEL 5885 GATEWAY BLVD LAKELAND, FL 33811 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VANTERPOOL, JOEY 265 BRADY WALK LAWRENCEVILLE, GA 30045 <input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>2222 S. Combee Road, STE 8 LAKELAND, FL 33801</i>
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Sharon Thompson</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>KENDEL VANTERPOOL 2222 S. Combee Rd. STE #8 LAKELAND, FL 33801</i>
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 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: *KenDel Vanterpool* **KENDEL VANTERPOOL** *02-06-04* **863-469-0303**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytona Phone #