

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000035535

FILED
Feb 01, 2005
Secretary of State

Entity Name: FLEETWING DISTRIBUTION SERVICES, LLC

Current Principal Place of Business:

742 S. COMBEE ROAD
LAKELAND, FL 33802

New Principal Place of Business:

Current Mailing Address:

PO BOX 22
LAKELAND, FL 33802

New Mailing Address:

FEI Number: 20-0240722 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HINES, JAMES P
315 S. HYDE PARK AVENUE
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: FLEETWING CORPORATIO, N
Address: 742 S COMBER RD
City-St-Zip: LAKELAND, FL 33801

Title: MGRP () Delete
Name: BUCKETTS, DAVID A
Address: 742 S COMBER RD
City-St-Zip: LAKELAND, FL 33801

Title: MGRV () Delete
Name: SMITH, WALTER A
Address: 742 S COMBER RD
City-St-Zip: LAKELAND, FL 33801

Title: MGRS () Delete
Name: SMITH, LESLIE L
Address: 742 S COMBER RD
City-St-Zip: LAKELAND, FL 33801

Title: MGRM () Delete
Name: ELSBERRY, WILLIAM R
Address: 742 S COMBER RD
City-St-Zip: LAKELAND, FL 33801

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: RICKETTS, DAVID A
Address: 742 S COMBER RD
City-St-Zip: LAKELAND, FL 33801

Title: MGR (X) Change () Addition
Name: SMITH, WALTER A
Address: 742 S COMBER RD
City-St-Zip: LAKELAND, FL 33801

Title: MGR (X) Change () Addition
Name: SMITH, LESLIE L
Address: 742 S COMBER RD
City-St-Zip: LAKELAND, FL 33801

Title: MGR (X) Change () Addition
Name: ELSBERRY, WILLIARD R
Address: 742 S COMBER RD
City-St-Zip: LAKELAND, FL 33801

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: LESLIE L SMITH

MGR

02/01/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date