

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000035535

FILED  
Feb 13, 2006  
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/MANAGERS:**

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

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

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

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

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

**ADDITIONS/CHANGES:**

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: DAVID A RICKETTS

MGRM

02/13/2006

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