2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 29, 2005 8:00 am
Secretary of State
03-07-2005 90055 033 ****50.00

30009809

1st MOORE CR2E083 (10/04)

DOCUMENT # L04000032627

1. Entity Name
J & B BLUEBERRIES, LLC

Principal Place of Business	Mailing Address
5051 MOBILE HWY PENSACOLA FL 32506	5051 MOBILE HWY PENSACOLA FL 32506
2. Principal Place of Business 5051 Mobile Hwy	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Pens Fl	City & State
Zip 32526 Country USA	Zip Country

4. FEI Number 202961237 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FLOWERS, W.H.
5051 MOBILE HWY
PENSACOLA FL 32506

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number Is Not Acceptable)

City FL Zip Code

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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	☐ Delete
NAME	FLOWERS, W.H.	
STREET ADDRESS	5051 MOBILE HWY	
CITY-ST-ZIP	PENSACOLA FL 32506	
TITLE	MGRM	☐ Delete
NAME	FLOWERS, JANE B	
STREET ADDRESS	5051 MOBILE HWY	
CITY-ST-ZIP	PENSACOLA FL 32506	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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: W. H. Flowers 6/23/05 850 453 2383
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #