

2015 - 2023


FOR PROFIT CORPORATION ANNUAL REPORT

For Office Use Only

DO NOT WRITE IN THIS SPACE

DOCUMENT # **L14 0000 26505**

1. Entity Name
7803 Grand Estuary Trail - #105, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business - No P.O. Box #
7803 Grand Estuary Trail

3. Mailing Address
59 Longshore Way

Suite, Apt. #, etc.
#105

Suite, Apt. #, etc.

CR2E034B (1/11)

City & State
Bradenton, FL

City & State
Whitby, Ontario

Zip
34212

Country
USA

Zip
L1N 0M1

Country
Canada

4. FEI Number

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name
Adron H. Walker

Street Address (P.O. Box Number is Not Acceptable)
Barnes Walker

3119 Manatee Ave. W.

City
Bradenton

State
FL

Zip Code
34205

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 **Adron H. Walker** DATE **3/5/2023**

Signature, typed or printed name of registered agent and the Corporation. (NOTE: Registered Agent signature required when re-instating)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended AR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May Be Added to Fees

Trust Fund Contribution.

E-mail Address:
jacksonpeter2407@gmail.com

(Small address to be used for future annual report notices.)

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Peter G. R. Jackson 59 Longshore Way, Whitby, Ontario, L1N 0M1 Canada
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Brenda P. Jackson Same as above for Mr. Jackson
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.

SIGNATURE: _____ DATE: _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FYI

In the event the handwriting on the enclosed document is hard to read, it is:

Mailing address:

59 Longshore Way
Whitby, Ontario
L1N 0M1
Canada

Email address:

JacksonPeter2400@gmail.com

Thanks!