2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L02000013377

1. Entity Name
WOS ENTERPRISES, LLC



Principal Place of Business

5736 WILLARD NORRIS ROAD MILTON, FL 32570

Mailing Address

P.O. BOX 422 MILTON, FL 32572

FILED Apr 24, 2006 8:00 am Secretary of State

04-24-2006 90064 037 ****50.00

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02072006 No Chg-LLC

CR2E083 (11/05)

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	EELAL	
	FFI Number	
•		
	54-2081341	
	5/1-7/1813/1	

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6	Name and Address of Current	Registered Agent

SIGNATURE: William O. Salter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

SALTER, WILLIAM O 5736 WILLARD NORRIS ROAD MILTON, FL 32570

DO NOT WRITE IN THIS SPACE

4-10-06

Date

850-994-4611

Daytime Phone #

8. The above named entity submits this enaltement for the durpose 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida.					
SIGNATURE_	Signature, lyped 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, 2006					
9.	MANAGING MEMBERS/MANAGERS				
NAME STREET ADDRESS CITY-ST-ZIP	MGR SALTER, WILLIAM O 5736 WILLARG NORRIS RD MILTON, FL 32570				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-SY-ZIP		DO N	OT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN TH	IIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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.					

ATTACHMENT

40059194 #L02000013377

MAURIE M. WHITFIELD 5797 HERMITAGE CIRCLE MILTON, FL 32570

623-3082

4-10-06

BILL SALTER:

ENCLOSED IS THE ANNUAL LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT FOR WOS ENTERPRISES, LLC FOR 2006.

THIS REPORT INDICATES AN ANNUAL FEE OF \$50.00 IS DUE.

PLEASE SIGN THE REPORT ONLINE 11 AND ATTACH YOUR CHECK MADE PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL BEFORE MAY 1, 2006 TO THE FOLLOWING ADDRESS:

DIVISION OF CORPORATIONS P. O. BOX 6198 TALLAHASSEE, FL 32314

Maurie M. Whitefield

MAURIE M. WHITFIELD