

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

Feb 06, 2004 08:00 AM

Secretary of State

DOCUMENT # L00000012784

1. Entity Name

BENJAMIN D. WOOD ENTERPRISES & SON, LLC



Principal Place of Business

**6526 BURGUNDY ROAD S.
JACKSONVILLE, FL 32210**

Mailing Address

**6526 BURGUNDY ROAD S.
JACKSONVILLE, FL 32210**



01132004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3679629

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WOOD, BARRY J
6526 BURGUNDY ROAD S.
JACKSONVILLE, FL 32210**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
WOOD, BARRY J
6526 BURGUNDY ROAD S.
JACKSONVILLE, FL 32210**

TITLE
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02/06/04-80135-017 50.00

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IN THIS SPACE**

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:

Barry J. Wood
BARRY J. WOOD

02-4-04

904-778-2114

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

Date

Daytime Phone #