2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 05, 2005
Secretary of State

DOCUMENT# L00000015877

Entity Name: HERNDON & ASSOCIATES INSURANCE, LLC

Current Principal Place of Business:

91 LAKE MORTON DRIVE
LAKELAND, FL 33801

New Principal Place of Business:

Current Mailing Address:

BOX 3608
LAKELAND, FL 33802 US

New Mailing Address:

FEI Number: 59-1994337 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PUGH, DUANE F
91 LAKE MORTON DR
LAKELAND, FL 33801 US

Name and Address of New Registered Agent:

PUGH, DUANE F MGRM
91 LAKE MORTON DR
LAKELAND, FL 33801 US

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: DUANE F PUGH 01/05/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title:	MGR	( ) Delete
Name:	WILDER, MARC H MEMBER	
Address:	91 LAKE MORTON DR	
City-St-Zip:	LAKELAND, FL 33801 US	
Title:	MGR	( ) Delete
Name:	BODOLAY, ROBERT J MEMBER	
Address:	91 LAKE MORTON DR	
City-St-Zip:	LAKELAND, FL 33801 US	
Title:	MGR	( ) Delete
Name:	POWELL, ALFRED G MEMBER	
Address:	91 LAKE MORTON DR	
City-St-Zip:	LAKELAND, FL 33801 US	
Title:	MGRM	( ) Delete
Name:	PUGH, DUANE F MEMBER	
Address:	91 LAKE MORTON DR	
City-St-Zip:	LAKELAND, FL 33801 US	
Title:	MGR	( ) Delete
Name:	BUSH, CATHERINE E MEMBER	
Address:	91 LAKE MORTON DR	
City-St-Zip:	LAKELAND, FL 33801 US	
Title:	MGR	( ) Delete
Name:	BUSH, JOHN R MEMBER	
Address:	91 LAKE MORTON DR	
City-St-Zip:	LAKELAND, FL 33801 US	

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:	
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 Section 119.07(3)(i), 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: DUANE F PUGH MGRM 01/05/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date