

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

7/5/2007-90154-006-\$5.00-\$5.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1st MOORE CR2E083 (10/06)

DOCUMENT # L01000003439					
1. Entity Name E.D.C. CONSTRUCTION, L.C.					
Principal Place of Business 1757 2ND STREET NORTHEAST WINTER HAVEN FL 33881			Mailing Address 1757 2ND STREET NORTHEAST WINTER HAVEN FL 33881		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 52-2316333	
				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent CASEY, ALLAN L 395 AVE C NW WINTER HAVEN FL 33881			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. (NOT: Registered Agent signature required when not leaving)					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM CALHOUN, LEANDER JR 1757 2ND STREET NORTHEAST WINTER HAVEN FL 33881	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		
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			900109871149 09/25/07--01008--008 **45.00		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.					
SIGNATURE <i>Leander Calhoun</i>			Date <i>6/29/07</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Daytime Phone #		