

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jan 31, 2005 8:00 am**  
**Secretary of State**

01-31-2005 90197 007 \*\*\*\*50.00

DOCUMENT # L01000008025

1. Entity Name

A & E MOBILE HOME REPAIR AND ALUMINUM, L.L.C.



Principal Place of Business

Mailing Address

56 MCALISTER DR.  
ORMOND BEACH FL 32174

56 MCALISTER DR.  
ORMOND BEACH FL 32174

20005094



1st MOORE

CR2E083 (10/04)

2. Principal Place of Business

56 MCALISTER DR.

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORMOND BEACH FL

City & State

SAME

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired.



\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOOD, EDWARD WALTER  
56 MCALISTER DR.  
ORMOND BEACH FL 32174

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE PT  
NAME WOOD, EDWARD W  
STREET ADDRESS 56 MCALISTER DR.  
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP  
NAME WOOD, CAROLYN L  
STREET ADDRESS 56 MCALISTER DR.  
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE  
NAME  
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CITY-ST-ZIP

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CITY-ST-ZIP

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:

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

Date

Daytime Phone #

*Edward W. Wood* (PRES.)

01-25-05 677-0255