

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # L01000015824

1. Entity Name  
CONTRACT ONE, LLC



Principal Place of Business

507 WEST DR. MARTIN LUTHER KING BLVD  
PLANT CITY, FL 33566

Mailing Address

P.O. DRAWER X  
PLANT CITY, FL 33563

**FILED**  
**Feb 09, 2004 08:00 AM**  
**Secretary of State**



02032004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number

59-3749105

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

MCGRATH, LOUIS W  
507 WEST DR., MARTIN LUTHER KING JR BLVD  
PLANT CITY, FL 33566

**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 reinstalling)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCGRATH, LOUIS W 507 W. DR. MLK JR BLVD PLANT CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCGRATH, GAIL C 507 W. DR. MLK JR BLVD PLANT CITY, FL
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000000040244  
02/09/04-80040-011 50.00

**DO NOT WRITE  
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.