


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 28, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000020848
1. Entity Name
EARTH PRODUCTS, LLC



Principal Place of Business: 10605 SORRENTO ROAD, PENSACOLA, FL 32507
Mailing Address: 10605 SORRENTO ROAD, PENSACOLA, FL 32507



02032005 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number: 01-0566255 Applied For: Not Applicable
5. Certificate of Status Desired: \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
ALMAND, CATHERINE C
10505 ETHRIDGE RD
PENSACOLA, FL 32507

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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: Catherine C Almand Catherine C Almand 3-25-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when re-registering) DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

UD00000279449
03/28/05-80065-013 50.00

9. MANAGING MEMBERS/MANAGERS

| | |
|----------------|---------------------|
| TITLE | MGR |
| NAME | WILLIAMS, LUTHER A |
| STREET ADDRESS | 8240 BAY HARBOR RD |
| CITY-ST-ZIP | ELBERTA, AL 36530 |
| TITLE | MGR |
| NAME | ALMAND, CATHERINE C |
| STREET ADDRESS | 8240 BAY HARBOR RD |
| CITY-ST-ZIP | ELBERTA, AL 36530 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Catherine C Almand Catherine C Almand 3-25-05 850-453-6244
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #