


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000021394 1. Entity Name GUETTLER & SONS CONSTRUCTION, LLC					
Principal Place of Business 4401 WHITEWAY DAIRY RD., STE. C FT. PIERCE FL 34997			Mailing Address PO BOX 15250 FORT PIERCE FL 34979		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-1158603	
6. Name and Address of Current Registered Agent GUETTLER, PHILLIP G 4401 WHITEWAY DAIRY RD., STE. C FT. PIERCE FL 34997				7. Name and Address of New Registered Agent Name Street Address (P O. Box Number is Not Acceptable) City	
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.				Applied For <input type="checkbox"/> Not Applicable	
SIGNATURE _____ <small>Signature: Typed or printed name of registered agent and title if applicable</small>				DATE _____ <small>(NOTE: Registered Agent signature required when completing)</small>	
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006				U00000541861 05/10/06-80073-014 50.00	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GUETTLER, PHILLIP G 4401 WHITEWAY DAIRY RD., STE. C FT. PIERCE FL 34997	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add

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: Phillip G Phillip Guetler mgr. 4-25-06 772461-8345
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #