

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90231 015 \*\*\*\*50.00

**DOCUMENT # L02000013673**

1. Entity Name  
**C & S DEVELOPMENT, LLC**



Principal Place of Business

**1674 HWY. 381  
WEWAHITCHKA, FL 32465**

Mailing Address

**PO BOX 1049  
WEWAHITCHKA, FL 32465**

**DO NOT WRITE IN THIS SPACE**



01122004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
**05-0523118**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**GROOM, PAUL W II**  
**SEVILLE TOWER, NINTH FLOOR**  
**226 SOUTH PALAFOX STREET**  
**PENSACOLA, FL 32504**  
*206 E 4th Street*  
*Port St. Joe, FL 32465*

**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 reinstating)

DATE

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM**  
**SMILEY, WILLIAM J**  
**1674 HWY. 381**  
**WEWAHITCHKA, FL 32465**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM**  
**CLECKLEY, CHARLES R**  
**1674 HWY. 381**  
**WEWAHITCHKA, FL 32465**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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.

**SIGNATURE:**

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

Date

Daytime Phone #

*1-13-04*