

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90101 038 ***138.75

DOCUMENT # L02000016787

1. Entity Name

ST. JOHN'S EQUIPMENT CO., LLC



Principal Place of Business

265 E. RIVER RD
EAST PALATKA FL 32131

Mailing Address

P.O. BOX 148
EAST PALATKA FL 32-131Z



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/07)

4. FEI Number

04-3695452

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

GSTOHL, KENNETH E
265 EAST RIVER RD
EAST PALATKA FL 32131

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 *Kenneth E. Gstoehl* *Kenneth E. Gstoehl, MANAGING MEMBER 2-21-08*
Signature, typed or printed name of registered agent and fee (if applicable) (NOTE: Registered Agent's signature required when resigning) DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	MGR	<input type="checkbox"/> Delete
NAME	GSTOHL, KENNETH E	
STREET ADDRESS	265 E. RIVER RD	
CITY- ST- ZIP	EAST PALATKA FL 32131	
TITLE	MGR	<input checked="" type="checkbox"/> Delete
NAME	POWELL, LAURANCE H	
STREET ADDRESS	15 PIEDMONT CENTER #1500	
CITY- ST- ZIP	ATLANTA GA 30305	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY- ST- ZIP		

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: *Kenneth E. Gstoehl* *Kenneth E. Gstoehl 2-21-08 904-442-1187*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date (Optional) Printed #