

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 17, 2005 8:00 am**  
**Secretary of State**

02-17-2005 90103 003 \*\*\*\*55.00

DOCUMENT # L02000020243

1. Entity Name  
KNEAD THE DO, L.L.C.



Principal Place of Business  
660 W 23RD STREET  
PANAMA CITY, FL 32405

Mailing Address  
660 W 23RD STREET  
~~SUITE 327(C)~~  
PANAMA CITY, FL 32405

20011716



2. Principal Place of Business

3. Mailing Address

660 W. 23rd St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01062005 Chg-LLC CR2E083 (10/03)

City & State

City & State  
Panama City, FL

4. FEI Number  
03-0478949

Applied For  
Not Applicable

Zip

Country

Zip

Country

32405

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

HARE, DIANE C CPA  
1135 S. PASADENA AVE., 327-C  
SAINT PETERSBURG, FL 33707

Name Diane C. Hare CPA

Street Address (P.O. Box Number is Not Acceptable)

2589 Jenks Ave.

City Panama City FL Zip Code 32405

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, 2005

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM  
NAME BERTRAND, LISA  
STREET ADDRESS 1135 S. PASADENA AVE., 327-C  
CITY-ST-ZIP SAINT PETERSBURG, FL 33707

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGRM  
NAME MEISNER, GILBERT  
STREET ADDRESS 2412 ST ANDREWS BLVD #14  
CITY-ST-ZIP PANAMA CITY, FL 32405

TITLE  
NAME  
STREET ADDRESS 1219 Thomas Drive #141  
CITY-ST-ZIP Panama City Bch, FL 32408

TITLE  
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CITY-ST-ZIP

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: Gilbert L. MEISNER

2/15/05 854/319 8713

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

Date

Daytime Phone #