

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000031891**

1. Entity Name  
**WALDO WRIGHT'S FLYING SERVICE, LLC**



Principal Place of Business  
**286 AUDUBON OAKS  
#3-106  
LAKELAND, FL 33809**

Mailing Address  
**1425 BRIARCLIFFE DR.  
POWELL, OH 43065**



01202005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**13-4226043**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional  
Fee Required

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

**ROBERT ALAN LOCK  
286 AUDUBON OAKS  
#3-106  
LAKELAND, FL 33809**

**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, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
LOCK, ROBERT  
286 AUDUBON OAKS, #3-106  
LAKELAND, FL 33809**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
STILL, VALERIE  
286 AUDUBON OAKS, #3-106  
LAKELAND, FL 33809**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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01/25/05-80041-004 50.00

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:** *Robert Alan Lock*

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

*1/20/05*

Date

*614 537-0463*

Daytime Phone #