2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L02000034538

1. Entity Name
AMICK ENTERPRISES, L. L. C.

Principal Place of Business	Mailing Address
5070 NEW TAMPA HWY. LAKELAND, FL 33815 US	6816 FORESTWOOD DR. W. LAKELAND, FL 33811 US

DO NOT WRITE IN THIS SPACE

07172006No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
81-0587459	Not Applicable

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

6. Name and Address of Current Registered Agent

HAMIE, STEPHEN H
1905 SOUTH FLORIDA AVENUE
LAKELAND, FL 33803

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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 September 6, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	AMICK, JEFFREY D
STREET ADDRESS	6816 FOREST DR. W.
CITY-ST-ZIP	LAKELAND, FL 33811
TITLE	MGR
NAME	AMICK, TERESA A
STREET ADDRESS	6816 FORESTWOOD DR. W.
CITY-ST-ZIP	LAKELAND, FL 33811
TITLE	MGR
NAME	AMICK, BRYAN J
STREET ADDRESS	5070 NEW TAMPA HWY.
CITY-ST-ZIP	LAKELAND, FL 33815
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 _____ Teresa A. Amick   7/28/06   863-688-4825

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #