

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000003830

Entity Name: FORM-CO SUPPLY, LLC

FILED
Apr 13, 2004
Secretary of State

Current Principal Place of Business:

1328 WEST OLIVE STREET
LAKELAND, FL 33802 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 24507
LAKELAND, FL 33802 US

New Mailing Address:

FEI Number: 01-0765423

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHAFFER, ALLEN G
1328 WEST OLIVE STREET
LAKELAND, FL 33802 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: FORM-CO SUPPLY, INC.,
Address: 1328 W. OLIVE STREET
City-St-Zip: LAKELAND, FL 33802 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SHAFFER, ALLEN G
Address: 1328 W. OLIVE STREET
City-St-Zip: LAKELAND, FL 33802 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ALLEN SHAFFER

MGR

04/13/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date