


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90082 040 ****50.00

DOCUMENT # L03000004451
 1. Entity Name
WESTERMAN FINANCIAL SERVICES, LLC




Principal Place of Business
141 EAST CENTRAL AVENUE #200
WINTER HAVEN, FL 33880

Mailing Address
P.O. BOX 7669
WINTER HAVEN, FL 33883-7669

20035260

2. Principal Place of Business
505 Avenue A NW
 Suite, Apt. #, etc.
#300

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
Winter Haven, FL
 Zip
33881 Country
USA



02222005 Chg-LLC CR2E083 (10/03)

4. FEI Number
59-3766900 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
WESTERMAN, JOHN W III
141 EAST CENTRAL AVENUE #200
WINTER HAVEN, FL 33880

7. Name and Address of New Registered Agent
 Name
John W. Westerman, III
 Street Address (P.O. Box Number is Not Acceptable)
505 Avenue A NW
#300
 City
Winter Haven **FL** Zip Code
33881

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM WESTERMAN, JOHN W III 141 EAST CENTRAL AVENUE #200 WINTER HAVEN, FL 33880 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Westerman, John W. III 505 Avenue A NW, #300 Winter Haven, FL 33881 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: John W. Westerman, III *John W. Westerman, III* **3/17/05** **863-291-4827**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #