

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000011987**

1. Entity Name  
**ST. JOHNS TOWING CO., LLC**



Principal Place of Business  
**265 EAST RIVER ROAD  
EAST PALATKA, FL 32131**

Mailing Address  
**385 RIVER BEND ROAD  
SHELBYVILLE, TN 37160**



04142008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>81-0605685</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

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

**JONES, RICHARD K  
501 WEST BAY STREET  
MOSELEY, WARREN, PRICHARD & PARRISH  
JACKSONVILLE, FL 32202**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GSTOHL, KENNETH E. 265 EAST RIVER ROAD EAST PALATKA, FL 32131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SALTSMAN, JOHN B JR 6221 BROWNLEE DR NASHVILLE, TN 37205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THORNTON, G.E. 115 MIDDLETON CIR NASHVILLE, TN 37215
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO NEWTON, ROBERT R. 385 RIVERBOND RD SHELBYVILLE, TN 37160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000329539  
05/21/08-80073-014 138.75

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Robert R Newton*

4-25-08

931-684-5055

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

Date

Daytime Phone #