

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2006 8:00 am
Secretary of State

04-25-2006 90021 032 ****50.00

DOCUMENT # L03000014390

1. Entity Name
JP & SONS DEVELOPMENT COMPANY, LLC



Principal Place of Business
**8680 SW HWY 200
OCALA, FL 34481 US**

Mailing Address
**8680 SW HWY 200
OCALA, FL 34481 US**

20035093



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04182006 Chg-LLC CR2E083 (11/05)

City & State

City & State

4. FEI Number

75-3112813

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~ZACCO, JHONNY J.~~
~~5835 SW 100TH LANE~~
~~OCALA, FL 34476~~

Name
ZACCO, JOHNNY J.

Street Address (P.O. Box Number is Not Acceptable)

8680 SW HWY 200

City
OCALA

FL

Zip Code
34481

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

JOHNNY J. ZACCO

4/21/06

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
ZACCO, JHONNY J
8680 SW HWY 200
OCALA, FL 34481** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
ZACCO, JOHNNY J. ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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

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

JOHNNY J. ZACCO, MGR.

Date

Daytime Phone #

4/21/06 (352) 873-4459