


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000043884 1. Entity Name CAROLE E. MORRISON SERVICE LLC	
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Principal Place of Business 2044 SOUTHWIND CIRCLE PENSACOLA, FL 32506 US	Mailing Address 2044 SOUTHWIND CIRCLE PENSACOLA, FL 32506 US
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DO NOT WRITE IN THIS SPACE



04132005 No Chg-LLC

CR2E083 (10/03)

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

5. Name and Address of Current Registered Agent

**AVERILL, JOSEPH F
2044 SOUTHWIND CIRCLE
PENSACOLA, FL 32506**

**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

Joseph F. Averill
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-14-05
DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MORRISON, CAROLE E 2044 SOUTHWIND CIRCLE PENSACOLA, FL 32506
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P POWELL, JODIE E 12291 COUNTY RD. 97 ELBERTA, AL 36530
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**UD00000336795
04/27/05-80140-008 50.00**

**DO NOT WRITE
IN THIS SPACE**

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.

CAROLE E. MORRISON
SIGNATURE: *Carole E. Morrison*

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

4-13-05 850-455-6817

Date

Daytime Phone #