

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90008 045 ****55.00

DOCUMENT # L03000044825 1. Entity Name PETERSON'S DOZER WORKS, LLC					
Principal Place of Business 8514 HOUSTON STREET PANAMA CITY, FL 32408 12103 Nonawood Rd Fountain, FL 32438			Mailing Address 8514 HOUSTON STREET PANAMA CITY, FL 32408 same		
2. Principal Place of Business 12103 Nonawood Rd Suite, Apt. #, etc.		3. Mailing Address same Suite, Apt. #, etc.			
City & State Fountain, FL Zip 32438		City & State Zip Country Bay		4. FEI Number 26-7985731 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				04102005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent PETERSON, LARRY L 8514 HOUSTON STREET 12103 Nonawood Rd PANAMA CITY, FL 32408 Fountain, FL 32438			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 transferring) DATE _____					
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 PETERSON, LARRY L 8514 HOUSTON ST 12103 Nonawood Rd PANAMA CITY, FL 32408 Fountain FL 32438		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input 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	
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: <u>Larry L Peterson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					