

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

03-24-2004 90302 002 ****55.00

DOCUMENT # L03000045177	
1. Entity Name BOB BAGGETTE PLUMBING, LLC	

Principal Place of Business 1310 E. ODD FELLOW RD. FORT WALTON BEACH, FL 32547	Mailing Address 1310 E. ODD FELLOW RD. FORT WALTON BEACH, FL 32547
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34003286



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03112004 Chg-LLC CR2E083 (10/03)

4. FEI Number 59-2205126	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent JANET GENTRY CPA - PA 16 FERRY ROAD, SE FORT WALTON BEACH, FL 32548	
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7. Name and Address of New Registered Agent Name JANET GENTRY CPA - PA Street Address (P.O. Box Number is Not Acceptable) 151 MARY ESTHER BLVD. STE 405a City MARY ESTHER FL Zip Code 32569	
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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 *Janet Gentry CPA* DATE 3/14/04
(NOTE: Registered Agent signature required when reappointing)

Filing Fee is \$50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BAGGETTE, ROBERT D 1310 E. ODD FELLOW RD FORT WALTON BEACH, FL 32547 <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
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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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

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: *Robert D. Baggett* **ROBERT D. BAGGETTE** 3-16-04 1-850-862-6808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #