

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 20, 2005 8:00 am**  
**Secretary of State**

01-20-2005 90009 004 \*\*\*\*55.00

**DOCUMENT # L03000046563**

**1. Entity Name**  
**JAMES IVESTER HARDWOOD FLOORS,LLC**



**Principal Place of Business**  
2525 ROYAL OAK DRIVE  
TITUSVILLE, FL 32780

**Mailing Address**  
PO BOX 1262  
CHRISTMAS, FL 32709-1262

**20002930**



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01052005 Chg-LLC CR2E083 (10/03)

City & State

City & State

**4. FEI Number**

**20-0384714**

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**

IVESTER, JAMES  
2525 ROYAL OAK DRIVE  
TITUSVILLE, FL 32780

Name

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

City

**FL**

Zip Code

**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 renewing)

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 MGR  
NAME IVESTER, JAMES  
STREET ADDRESS 2525 ROYAL OAK DRIVE  
CITY-ST-ZIP TITUSVILLE, FL 32780 **Office**

TITLE MGR  
NAME Ivester, James  
STREET ADDRESS 1410 Cupid Ave  
CITY-ST-ZIP Christmas, FL 32709 **Shop**

TITLE  
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CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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:**

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

**James O Ivester 1-13-05**

Date

Daytime Phone #

**407-325-9858**