


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000047696

1. Entity Name
LEONARD FULLER PLUMBER LLC



Principal Place of Business Mailing Address

**6058 ST. ALBAN RD
PENSACOLA, FL 32503** **6058 ST. ALBAN RD
PENSACOLA, FL 32503**

DO NOT WRITE IN THIS SPACE



03222006 No Chg-LLC CR2E083 (11/05)

4. FEI Number Applied For
73-1686721 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**FULLER, GLORIA J
6058 ST ALBAN RD
PENSACOLA, FL 32503**

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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: *Gloria J. Fuller* DATE: **3-30-06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FULLER, LEONARD H 6058 ST ALBAN RD. PENSACOLA, FL 32503
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04/18/06-80050-007 50.00

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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: *Leonard H. Fuller* DATE: **3-30-06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #