

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000048167

1. Entity Name

BARNARD AND SONS CONSTRUCTION, LLC



Principal Place of Business

**3054 SIMPSON HIGHWAY 13
MENDENHALL, MS 39114 US**

Mailing Address

**P.O. BOX 517
MENDENHALL, MS 39114 US**



01092006No Chg-LLC

CRZE063 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
72-1408331

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FLORIDA INCORPORATOR
2045 HYDE PARK STREET
SUITE 1
SARASOTA, FL 34239**

**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

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-STATE-ZIP
**MGRM
BARNARD, PAUL H
135 CHALK DRIVE
MENDENHALL, MS 39114**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**MGRM
CHALK, WILLIAM W
133 PAINTED HILLS FARM
MENDENHALL, MS 39114**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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NAME
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CITY-STATE-ZIP

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04/05/06-80024-024 50.00

**DO NOT WRITE
IN THIS SPACE**

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:

**Paul H. Barnard
MGRM**

03/15/06 (601) 847-2 420

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

Date

Daytime Phone #