


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 05, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000049166

1. Entity Name
CHERYL & MIKE HITCHNER SERVICE, LLC



Principal Place of Business 3640 ALICE DRIVE ZEPHYRHILLS, FL 33543	Mailing Address 3640 ALICE DRIVE ZEPHYRHILLS, FL 33543
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DO NOT WRITE IN THIS SPACE



01132005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 20-0875398	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**MURPHY, DAVID J ESQUIRE
 14217 THIRD STREET
 DADE CITY, FL 33523-3828**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
 Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HITCHNER, CHERYL 3640 ALICE DRIVE ZEPHYRHILLS, FL 33543
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HITCHNER, MICHAEL P 3640 ALICE DRIVE ZEPHYRHILLS, FL 33543
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 07/05/05-80032-005 55.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Michael Peter Hitchner* **MICHAEL PETER** **813 700 4047**
 _____ Date Daytime Phone #

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