

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**Jun 13, 2005 8:00 am**  
**Secretary of State**

06-13-2005 90320 034 \*\*\*\*50.00



**DOCUMENT # L03000051238**

1. Entity Name

**BRUBAKER'S WOODWORKS, LLC**

Principal Place of Business

**130 WILSON ROAD  
 DEBARY FL 32713**

Mailing Address

**130 WILSON ROAD  
 DEBARY FL 32713**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/04)

4. FEI Number

**20-0457341**

Applied For  
 Not Applicable

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

**BRUBAKER, KENT D  
 130 WILSON ROAD  
 DEBARY FL 32713**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
 Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
 NAME **MGRM**  Delete  
 STREET ADDRESS **BRUCAKER, KENT**  
 CITY-ST-ZIP **130 WILSON ROAD**  
**APOPKA FL 32712**

TITLE  
 NAME **MGRM**  Change  Addition  
 STREET ADDRESS **Brubaker, Kent**  
 CITY-ST-ZIP **130 Wilson Rd.**  
**Debary, FL 32713**

TITLE  
 NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  Delete  
 STREET ADDRESS  
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 NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  Change  Addition  
 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:** Kent D Brubaker, Kent D Brubaker 5/20/05 407 257-7910  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #