

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000051379

**FILED**  
**Apr 30, 2004**  
**Secretary of State**

**Entity Name:** JIMMY WILSON ENTERPRISES LLC

**Current Principal Place of Business:**

1155 S. BLVD.  
CHIPLEY, FL 32428

**New Principal Place of Business:**

**Current Mailing Address:**

1155 S. BLVD.  
CHIPLEY, FL 32428

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WILSON, JIMMY SR  
1155 S. BLVD.  
CHIPLEY, FL 32428

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: WILSON, JIMMY SR  
Address: 1155 S. BLVD.  
City-St-Zip: CHIPLEY, FL 32428

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JIMMY WILSON SR

MGR

04/30/2004

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date