


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90156 011 ****55.00

DOCUMENT # L03000051856	
1. Entity Name	
STEPHEN WHEATON PROPERTY & CONSTRUCTION SERVICES, LLC.	

Principal Place of Business	Mailing Address
P O BOX 66124 ST. PETERSBURG BEACH FL 33706	P O BOX 66124 ST. PETERSBURG BEACH FL 33706

2. Principal Place of Business	3. Mailing Address
3201 TYRONE BLVD. N.	3201 TYRONE BLVD. N.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
ST. PETERSBURG, FLORIDA	ST. PETERSBURG, FLORIDA
City & State	City & State



1st MOORE CR2E083 (10/04)

Zip	Country	Zip	Country
33710	USA	33710	USA

4. FEI Number	Applied For
54-2136395	Not Applicable

5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WHEATON, STEPHEN 305 40TH AVENUE ST. PETERSBURG BEACH FL 33706	Name: WHEATON, STEPHEN Street Address (P.O. Box Number is Not Acceptable): 3201 TYRONE BLVD. N. City: ST. PETERSBURG FL Zip Code: 33710

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 STEPHEN WHEATON (NOTE: Registered Agent signature required when reinstating) DATE 1-30-05

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 STREET ADDRESS CITY-ST-ZIP	MGRM WHEATON, STEPHEN 305 40TH AVENUE ST. PETERSBURG BEACH FL 33706 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WHEATON, STEPHEN 3201 TYRONE BLVD. N. ST. PETERSBURG FLORIDA 33710 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: [Signature] DATE: 1-30-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE