

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L03000052435	
1. Entity Name ROY WINEGARD ELECTRICAL SERVICE, LLC	
Principal Place of Business 646 MEL SMITH ROAD ZOLFO SPRINGS, FL 33890	Mailing Address P.O. BOX 725 AVON PARK, FL 33826



02272005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2598361	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

**WINEGARD, ROY A
646 MEL SMITH ROAD
ZOLFO SPRINGS, FL 33890**

**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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WINEGARD, ROY A 646 MEL SMITH ROAD ZOLFO SPRINGS, FL 33890
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03/05/05-80031-014 50.00**

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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: *Roy A. Winegard*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, MEMBER, OR AUTHORIZED REPRESENTATIVE

2-28-05
Date

863-452-1665
Daytime Phone #