



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90053 002 ****50.00

DOCUMENT # L03000053282			
1. Entity Name PUBLIC WORKS SUPPLY, LLC			
Principal Place of Business 309 S BAXTRAR TRAIL JACKSONVILLE, FL 32259		Mailing Address 309 S BAXTRAR TRAIL JACKSONVILLE, FL 32259	
2. Principal Place of Business 309 S. BARTRAM TRAIL Suite, Apt. #, etc.		3. Mailing Address 309 S. BARTRAM TRAIL Suite, Apt. #, etc.	
City & State JACKSONVILLE, FL		City & State JACKSONVILLE, FL	
Zip 32259		Country DUVAL	
4. FEI Number 54-2135546		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 DRISKELL, DEBRA L 309 S BARTRAM TRAIL - BARTRAM TRAIL JACKSONVILLE, FL 32259		7. Name and Address of New Registered Agent 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		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$50.00 Due by May 1, 2006			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BRISKELL, DEBRA L 309 S BARTRAM TRAIL JACKSONVILLE, FL - 32259 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DRISKELL, DEBRA L 309 S. BARTRAM TRAIL JACKSONVILLE, FL 32259 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BRISKELL, GREGORY 309 S BARTRAM TRAIL JACKSONVILLE, FL - 32259 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DRISKELL, GREGORY 309 S. BARTRAM TRAIL JACKSONVILLE, FL 32259 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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
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
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Debra Driskell</u>		Date: <u>4/19/06</u> 704 733 2121	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	