

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Jan 12, 2005 08:00 AM
Secretary of State**

DOCUMENT # L03000054055

**1. Entity Name
CURTIS TODD WILLIAMSON TRUCKING, LLC**



**Principal Place of Business
2894 MEADOW VIEW AVENUE
LARGO, FL 33771**

**Mailing Address
2894 MEADOW VIEW AVENUE
LARGO, FL 33771**



01042005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

**4. FEI Number
58-9036826**

**Applied For
Not Applicable**

5. Certificate of Status Desired



**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WILLIAMSON, C. TODD
2894 MEADOW VIEW AVENUE
LARGO, FL 33771**

**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

Todd Williamson
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-8-05

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**
MGR
WILLIAMSON, C. TODD
2894 MEADOW VIEW AVENUE
LARGO, FL 33771

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**
MGR
WILLIAMSON, RACHELLE A
2894 MEADOW VIEW AVENUE
LARGO, FL 33771

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

000000178350
01/12/05-80024-009 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Todd Williamson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1-8-05 727-535-4277