## **FILED** Mar 31, 2005 08:00 AM Secretary of State

## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

1. Entity Nam	MENT # L03000054240 CTRIC COMPANY LLC		
Principal Place of Business Mailing Address #6 EULA DR P.O. BOX 1076 NICEVILLE, FL 32578 US NICEVILLE, FL 32588 US  DO NOT WRITE IN THIS SPACE			
			03282005No Chg-LLC CR2E083 (10/03)  4. FEI Number Applied For Not Applicable 5. Certificate of Status Desired S5.00 Additional Fee Required
6. Name and Address of Current Registered Agent  FANELLA, NICHOLAS R 434 TANGLEWOOD DRIVE FORT WALTON BEACH, FL 32547			DO NOT WRITE IN THIS SPACE
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  Spreature, typed or printed name of registered agent and take if applicable.  (NOTE Registered Agent agents required when remaining)  DATE  Filling Fee is \$50.00  Due by May 1, 2005			
\$.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	MANAGING NEMBERS/MANAGERS  MGRM  REGAN, JOHNNY R  221 TOM BROWN STREET  NICEVILLE, FL 32548		U00000281822 03/31/05-80020-001 50.00
TITLE HAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CATY-ST-ZIP TATLE NAME STREET ADDRESS CATY-ST-ZIP			

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:

SIGNATURE: