

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Jan 20, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # L03000056534**

**1. Entity Name**  
GRIMES GOEBEL GRIMES HAWKINS GLADFELTER &  
GALVANO, P.L.



**Principal Place of Business**  
1023 MANATEE AVE. WEST  
BRADENTON, FL 34205

**Mailing Address**  
1023 MANATEE AVE. WEST  
BRADENTON, FL 34205



01132006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
92-0185518

**Applied For**  
Not Applicable

**5. Certificate of Status Desired** ☐

**\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

GRIMES, WILLIAM C  
1023 MANATEE AVE. WEST  
BRADENTON, FL 34205

**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, 2006**

**9. MANAGING MEMBERS/MANAGERS**

<b>TITLE</b>	MGRM
<b>NAME</b>	GRIMES, WILLIAM C
<b>STREET ADDRESS</b>	1023 MANATEE AVE. W.
<b>CITY- ST- ZIP</b>	BRADENTON, FL 34205
<b>TITLE</b>	MGRM
<b>NAME</b>	GRIMES, CALEB
<b>STREET ADDRESS</b>	1023 MANATEE AVE. W.
<b>CITY- ST- ZIP</b>	BRADENTON, FL 34205
<b>TITLE</b>	MGRM
<b>NAME</b>	HAWKINS, JOHN D
<b>STREET ADDRESS</b>	1023 MANATEE AVE. W
<b>CITY- ST- ZIP</b>	BRADENTON, FL 34205
<b>TITLE</b>	MGRM
<b>NAME</b>	GLADFELTER, LESLIE
<b>STREET ADDRESS</b>	1023 MANATEE AVE. W.
<b>CITY- ST- ZIP</b>	BRADENTON, FL 34205
<b>TITLE</b>	MGRM
<b>NAME</b>	GALVANO, WILLIAM S
<b>STREET ADDRESS</b>	1023 MANATEE AVE. W
<b>CITY- ST- ZIP</b>	BRADENTON, FL 34205
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY- ST- ZIP</b>	

1100000393273  
01/25/06-80014-008 50.00

**DO NOT WRITE  
IN THIS SPACE**

**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:**

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

JOHN D. HAWKINS, MGRM 1-17-06 9417480151

Date

Daytime Phone #