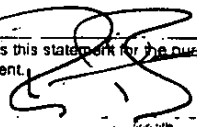
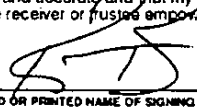


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 11, 2005 8:00 am
Secretary of State

03-04-2005 90021 032 ****55.00

DOCUMENT # L03000057152 1. Entity Name BLOODSWORTH CONTRACTING, LLC					
Principal Place of Business 337 CHANDLER ROAD NOKOMIS FL 34275			Mailing Address 337 CHANDLER ROAD NOKOMIS FL 34275		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 206 Suite, Apt. #, etc.			
City & State 		City & State Laurel, FL		4. FEI Number 33-1078837	
Zip 		Country USA		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required				1st MOORE CR2E083 (10/04)	
6. Name and Address of Current Registered Agent COLON, STEVEN 413 BAYSIDE LANE NOKOMIS FL 34275			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 7-6-05 Signature, typed or printed (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005					
9. MANAGING MEMBERS/MANAGERS					
TITLE	NAME	☐ Delete			
NAME	BLOODSWORTH, LARRY D				
STREET ADDRESS	337 CHANDLER RD				
CITY- ST- ZIP	NOKOMIS FL 34275				
TITLE	NAME	☐ Delete			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE	NAME	☐ Delete			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE	NAME	☐ Delete			
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STREET ADDRESS					
CITY- ST- ZIP					
TITLE	NAME	☐ Delete			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE	NAME	☐ Delete			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
10. ADDITIONS/CHANGES					
TITLE	NAME	☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE	NAME	☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE	NAME	☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE	NAME	☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY- 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:  DATE 7-6-05 DAYTIME PHONE # 941 2700331 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					