2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 10, 2004 8:00 am
Secretary of State
04-26-2004 90057 032 ****50.00

DOCUMENT # L03000057215

1. Entity Name
BLADES CONSTRUCTION, LLC

34005562

MOORE CR2E083 (11/03)

Principal Place of Business	Mailing Address
1217 TWIN LAKES AVE. NOKOMIS FL 34275	1217 TWIN LAKES AVE. NOKOMIS FL 34275

2. Principal Place of Business	3. Mailing Address
1217 Twin Lakes Ave	1217 Twin Lakes Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Nokomis FL	City & State: Nokomis FL
Zip: 34275 Country: USA	Zip: 34275 Country: USA

4. FEI Number: EIN# 20-0553-919 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MATTHEWS, TIM 1217 TWIN LAKES AVE. NOKOMIS FL 34275	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 4-19-04
Signature, typed or printed name of registered agent and title if applicable. (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, 2004

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Timothy S. Matthews (MANAGING MEMBER) President 106 Sunset AVE. Nokomis FL 34275 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	HARRY BARTH (member) vice President 4264 MERCURY Rd VENICE, FL 34293 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AARON KOLTER (member) vice PRESIDENT 117 E. Laurel Rd Nokomis FL 34275 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Jim L Matthews (PRESIDENT) (MANAGING MEMBER) 4-19-04 941 485-7314
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #