

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 09, 2004 8:00 am
Secretary of State

08-09-2004 90149 013 *****55.00

DOCUMENT # L03000057302

1. Entity Name

JOHN MASHBURN CARPENTER LLC



Principal Place of Business

9020 BOWMAN AVE
CANTONMENT FL 32534
US

Mailing Address

9020 BOWMAN AVE
CANTONMENT FL 32534
US

2. Principal Place of Business

409 Forest Ave.

Suite, Apt. #, etc.

3. Mailing Address

409 Forest Ave.

Suite, Apt. #, etc.

City & State

Cantonment Fla.

City & State

Cantonment, Fla.

4. FEI Number

20-0533927

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

Zip

32533

Country

Escambia

Zip

32533

Country

Escambia

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MASHBURN, JOHN S
9020 BOWMAN AVE
CANTONMENT FL 32534

Name

MASHBURN John S.

Street Address (P.O. Box Number is Not Acceptable)

409 Forest Ave.

City

Cantonment

FL

Zip Code

32533

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 8, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME MASHBURN, JOHN S
STREET ADDRESS 9020 BOWMAN AVE
CITY-ST-ZIP CANTONMENT FL 32534

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE MGR
NAME MASHBURN, John S.
STREET ADDRESS 409 Forest Avenue
CITY-ST-ZIP Cantonment, Fla. 32533

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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: John S. Mashburn John S. Mashburn 7-1-04

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

Date

Daytime Phone #