

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000000374

1. Entity Name
WATER-N-WOOD LLC



FILED
May 17, 2006 08:00 A
Secretary of State

Principal Place of Business
1619 BONNER ROAD
BONIFAY, FL 32425

Mailing Address
1619 BONNER ROAD
BONIFAY, FL 32425



05092006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2317055

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROSS, MICHAEL L
1619 BONNER ROAD
BONIFAY, FL 32425

**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

Michael L. Ross
Signature, typed or printed name of registered agent and title if applicable.

MICHAEL L. ROSS (MGR)
(NOTE: Registered Agent signature required when reinstating)

5-10-06
DATE

Filing Fee is \$50.00
Due by September 6, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	ROSS, MICHAEL L
STREET ADDRESS	1619 BONNER ROAD
CITY-ST-ZIP	BONIFAY, FL 32425

TITLE	
NAME	
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CITY-ST-ZIP	

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**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:

Michael L. Ross

MICHAEL L. ROSS

5-10-06

850-415-6031

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

Date

Daytime Phone #