

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 14, 2005 8:00 am**  
**Secretary of State**

02-14-2005 90174 010 \*\*\*\*55.00

DOCUMENT # L04000002384

1. Entity Name

LEWIS DAMPIER, LLC



Principal Place of Business

190 DICKEY LN  
BARBERVILLE FL 32105  
US

Mailing Address

POBOX 295  
BARBERVILLE FL 32105  
US

2. Principal Place of Business

190 Dickey Ln

3. Mailing Address

P.O. Box 295

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Route 2

City & State

Barberville, FL

City & State

Barberville, FL

Zip

32105

Country

Volusia

Zip

32105

Country

Volusia

4. FEI Number

43-1632899

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DAMPIER, LEWIS W  
190 DICKEY LN  
BARBERVILLE FL 32105

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

*Lewis W. Dampier*

2-02-05

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 May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME DAMPIER, LEWIS W  
STREET ADDRESS 190 DICKEY LN  
CITY-ST-ZIP BARBERVILLE FL 32105

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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:

*Lewis W. Dampier*

2-02-05

386-527-1636

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

Date

Daytime Phone #