

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90048 021 ****50.00

DOCUMENT # L04000005029

1. Entity Name

HARRIS' ENDLESS SUMMER, LLC



Principal Place of Business

**5399 E CO HWY 30-A
BOX 190
SANTA ROSA BEACH FL 32459**

Mailing Address

**5399 E CO HWY 30-A
BOX 190
SANTA ROSA BEACH FL 32459**

2. Principal Place of Business

110 MARKET STREET

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 202

City & State

PANAMA CITY BEACH, FL

City & State

4. FEI Number

20-0641158

Applied For

Not Applicable

Zip

32413

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

1st MOORE

CR2E083 (10/04)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WATSON, FRANKLIN H PA
5365 E CO HWY 30-A
105
SEAGROVE BEACH FL 32459**

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

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

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGR
BARTON, PETER J
5399 E CO HWY 30-A BOX 190
SANTA ROSA BEACH FL 32459**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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:

Peter J. Barton

Peter J. Barton

4-26-05

850-230-1031

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

Date

Daytime Phone #