

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000009552

Entity Name: AJ'S ROOFING LLC

FILED  
Jul 27, 2005  
Secretary of State

**Current Principal Place of Business:**

858 OLD FT MEADE RD  
HOMELAND, FL 33847 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 191  
HOMELAND, FL 33847 US

**New Mailing Address:**

FEI Number: 59-2957959      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

WILLCOCKSON, JOEL L  
1820 EAST POLLOCK RD  
LAKELAND, FL 33813 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: WILLCOCKSON, JOEL L  
Address: 1820 EAST POLLOCK RD  
City-St-Zip: LAKELAND, FL 33813 US

Title: MGR ( ) Delete  
Name: WILLCOCKSON, JEFFERY A  
Address: 3417 SOUTHCREST BLVD  
City-St-Zip: LAKELAND, FL 33813 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JOEL L WILLCOCKSON

MGR

07/27/2005

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date