

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 17, 2005 8:00 am
Secretary of State

03-17-2005 90137 006 ****50.00

DOCUMENT # L04000013885

1. Entity Name
CANNON'S HITCH DEPOT, LLC



Principal Place of Business
**6150 RICHARD STREET
JACKSONVILLE, FL 32216**

Mailing Address
**6150 RICHARD STREET
JACKSONVILLE, FL 32216**

20021995



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03132005 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number

75-3147162

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WILLIAMS, GRADY H JR.
1543-5 KINGSLEY AVENUE
ORANGE PARK, FL 32073**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME PHILLIPS, ORREN K
STREET ADDRESS 6150 RICHARD STREET
CITY-ST-ZIP JACKSONVILLE, FL 32216

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

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: *Orren K. Phillips*

ORREN K. PHILLIPS, MGR

3-14-2005 904-733-3524

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

Date

Daytime Phone #