

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

04-19-2005 90015 002 \*\*\*\*55.00

**DOCUMENT # L04000019822**

**1. Entity Name**  
**JEWETT FURNITURE SERVICE, LLC**



**Principal Place of Business**  
**8103 PASO ROBLES BLVD.**  
**FORT PIERCE, FL 34951**

**Mailing Address**  
**8103 PASO ROBLES BLVD.**  
**FORT PIERCE, FL 34951**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04122005 Chg-LLC CR2E083 (10/03)

**4. FEI Number**

**33-1086981**

Applied For

Not Applicable

**5. Certificate of Status Desired**



**\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**JEWETT, STEVEN R**  
**8103 PASO ROBLES BLVD.**  
**FORT PIERCE, FL 34951**

**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**

**TITLE** MGRM ☐ Delete  
**NAME** JFWFTT, STEVEN R  
**STREET ADDRESS** 8103 PASO ROBLES BLVD.  
**CITY-ST-ZIP** FORT PIERCE, FL 34951

**TITLE** MGRM ☐ Delete  
**NAME** GRAVES, SCARLETT J  
**STREET ADDRESS** 8103 PASO ROBLES BLVD.  
**CITY-ST-ZIP** FORT PIERCE, FL 34951

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**10. ADDITIONS / CHANGES**

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

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

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**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**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:** *Steven R. Jewett* **Steven R. Jewett** 4/12/05 (772) 465-7113  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #