

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000023561

FILED
Apr 29, 2005
Secretary of State

Entity Name: DESTINY CONSTRUCTION AND CONSULTING, LLC

Current Principal Place of Business:

5021 EGGLESTON AVENUE, STE. A
ORLANDO, FL 32804

New Principal Place of Business:

536 WASHINGTON STREET
#3
ORLANDO, FL 32805

Current Mailing Address:

5021 EGGLESTON AVENUE, STE. A
ORLANDO, FL 32804

New Mailing Address:

PO BOX 680611
ORLANDO, FL 32868

FEI Number: 20-1292496

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ODOM, RALPH JR
5021 EGGLESTON AVENUE, STE. A
ORLANDO, FL 32804 US

Name and Address of New Registered Agent:

ODOM, RALPH JR
536 WASHINGTON STREET
ORLANDO, FL 32805 US

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: RALPH ODOM

04/29/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: ODOM, RALPH JR
Address: 33075 LAKE TINY CIRCLE
City-St-Zip: ORLANDO, FL 32818

Title: MGR () Delete
Name: FELDER, JOSEPH
Address: PO BOX 680611
City-St-Zip: ORLANDO, FL 32868

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ODOM, RALPH JR
Address: PO BOX 680611
City-St-Zip: ORLANDO, FL 32868

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: JOSEPH FELDER

MGM

04/29/2005

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