


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90081 038 \*\*\*\*55.00

<b>DOCUMENT # L04000030034</b>	
1. Entity Name <b>HEARTH &amp; HOME ENTERPRISES, LLC</b>	

Principal Place of Business <b>674 PINEVIEW DRIVE ORANGE CITY FL 32763</b>	Mailing Address <b>674 PINEVIEW DRIVE ORANGE CITY FL 32763</b>
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2. Principal Place of Business <b>210 CADDIE CT.</b>	3. Mailing Address <b>2578 ENTERPRISE RD.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>SUITE 223</b>

City & State <b>DEBARY, FL</b>	City & State <b>ORANGE CITY, FL</b>
Zip <b>32713</b>	Zip <b>32763</b>
Country <b>USA</b>	Country <b>USA</b>



1st MOORE CR2E083 (10/04)

4. FEI Number <b>30-0244155</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>KALEITA, GARY M 215 NORTH EOLA DRIVE ORLANDO FL 32801</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_ (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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:** *Carolyn S. Wilson, Executive Mgr.* **4/17/05 386-668-9256**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #