

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 07, 2007 8:00 am**  
**Secretary of State**

02-07-2007 90115 020 \*\*\*\*50.00

DOCUMENT # L04000038735

1. Entity Name

KILGORE & GREGORY, LLC



Principal Place of Business

55 SPRING COURT  
CRAWFORDVILLE FL 32327

Mailing Address

55 SPRING COURT  
CRAWFORDVILLE FL 32327

2. Principal Place of Business - No P.O. Box #

4815-B

Suite, Apt. #, etc.

COASTAL HWY

3. Mailing Address

4815-B

Suite, Apt. #, etc.

COASTAL HWY

City & State

CRAWFORDVILLE

City & State

CRAWFORDVILLE, FLORIDA

Zip FL 32327

Country

US

Zip 32327

Country

U.S.

4. FEI Number

02-0723512

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

1st MOORE

CR2E083 (10/06)



6. Name and Address of Current Registered Agent

KILGORE, GEORGE J  
55 SPRING COURT  
CRAWFORDVILLE FL 32327

7. Name and Address of New Registered Agent

Name

GEORGE JOSEPH KILGORE

Street Address (P.O. Box Number is Not Acceptable)

4815-B COASTAL HWY

City

CRAWFORDVILLE

FL

Zip Code

32327

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

*George J. Kilgore*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/29/07

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State  
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	KILGORE, GEORGE J	
STREET ADDRESS	55 SPRING COURT	
CITY - ST - ZIP	CRAWFORDVILLE FL 32327	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	GREGORY, TOBY JOE	
STREET ADDRESS	P.O. BOX 838	
CITY - ST - ZIP	WOODVILLE FL 32362	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: GEORGE J. KILGORE

*George J. Kilgore*

1/29/07

850  
528 4490

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

Date

Daytime Phone #