

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jul 05, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90038 004 \*\*\*\*50.00

<b>DOCUMENT # L04000071185</b>					
<b>1. Entity Name</b> FLORIDA INSURANCE REPAIR & CONSTRUCTION SERVICES, LLC					
<b>Principal Place of Business</b> 110 HAMMOND POND COURT MELROSE FL 32666			<b>Mailing Address</b> 110 HAMMOND POND COURT MELROSE FL 32666		
<b>2. Principal Place of Business</b> 3603 G Suite, Apt. #, etc. Commerce Blvd City & State Kissimmee FL Zip 34747 Country USA		<b>3. Mailing Address</b> 3603 Suite, Apt. #, etc. G Commerce Blvd City & State Kissimmee FL Zip 34747 Country USA		 1st MOORE CR2E083 (10/04)	
<b>4. FEI Number</b> 484-62-2714				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> WILLARD, VIRGIL 110 HAMMOND POND COURT MELROSE FL 32666			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b> SIGNATURE: <u>Ed Willard</u> (NOTE: Registered Agent signature required when reappointing) DATE:					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2005</b>					
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILLARD, VIRGIL 110 HAMMOND POND COURT MELROSE FL 32666	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Beth A Willard 110 HAMMOND POND CT MELROSE FL 32666	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SMALLEY, ERIC 687 LAKE MARION GOLF DR APT #2161 KISSIMMEE FL 34759	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BUSS, RODGER 121 COUNTRY LIVING DRIVE MELROSE FL 32666	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input 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
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
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
<b>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.</b>					
<b>SIGNATURE:</b> <u>Ed Willard</u>			Date: <u>April 29 2005</u> 352 29-2135		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					