


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 27, 2007 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # L04000071897 |  |
| 1. Entity Name JOHN MOWE CONTRACTING, LLC | |

| | |
|---|---|
| Principal Place of Business 1678 FOURTH STREET SARASOTA FL 34236 US | Mailing Address 1678 FOURTH STREET SARASOTA FL 34236 US |
|---|---|



| | |
|---|---|
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country | 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country |
|---|---|

1st MOORE CR2E083 (10/06)

| | |
|------------------------------------|--|
| 4. FEI Number 41-2153300 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

| |
|--|
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required |
|--|

| | |
|---|---|
| 6. Name and Address of Current Registered Agent MOWE, JOHN 1678 FOURTH STREET SARASOTA FL 34236 | 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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR MOWE, JOHN 1678 FOURTH STREET SARASOTA FL 34236 <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 U00000737825 05/11/07-80042-023 50.00 |
| 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 |
| 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 |

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: John Mowe **JOHN MOWE** April 25, 2007 **(941) 685-3531**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #