

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)


**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-05-2005 90008 013 \*\*\*\*50.00

30003557



1st MOORE CR2E083 (10/04)

<b>DOCUMENT # L04000075812</b>					
1. Entity Name <b>DAMRON GAS PIPING AND REPAIR LLC</b>					
Principal Place of Business <b>322 ROSYLN AVENUE NEW SMYRNA BEACH FL 32168</b>			Mailing Address <b>322 ROSYLN AVENUE NEW SMYRNA BEACH FL 32168</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>20-1797805</b>	
				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 <b>DAMRON, EUGENE 322 ROSYLN AVENUE NEW SMYRNA BEACH FL 32168</b>			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 <u>Eugene Damron</u> / <u>Eugene Damron</u> DATE <u>3/30/05</u> <small>Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when re-registering)</small>					
<div style="border: 1px solid black; padding: 5px; text-align: center;"> <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> </div>					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DAMRON, EUGENE 322 ROSYLN AVENUE NEW SMYRNA BEACH FL 32168 <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	
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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 <u>Eugene Damron</u> / <u>Eugene Damron</u> DATE <u>3/30/05</u> 423-5964 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					