

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 22, 2005 8:00 am**  
**Secretary of State**

07-22-2005 90055 011 \*\*\*\*50.00

**DOCUMENT # L04000076469**

1. Entity Name  
**VERACITY ENTERPRISES, LLC**



Principal Place of Business  
**7011 WINDWARD STREET  
PORT ST. JOE, FL 32456**

Mailing Address  
**7011 WINDWARD STREET  
PORT ST. JOE, FL 32456**

**20065018**



2. Principal Place of Business  
**4232 CR 30A**  
Suite, Apt. #, etc.

3. Mailing Address  
**4232 CR 30A**  
Suite, Apt. #, etc.

06162005 Chg-LLC CR2E083 (10/03)

City & State  
**Port St. Joe FL**  
Zip  
**32456** Country  
**USA**

City & State  
**Port St. Joe FL**  
Zip  
**32456** Country  
**USA**

4. FEI Number  
**201888935** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**RISH, GIBSON & SCHOLZ, P.A.  
206 E. 4TH STREET  
PORT ST. JOE, FL 32456**

**7. Name and Address of New Registered Agent**

Name **X SAME**  
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 **Michael D. Martin** *Michael D. Martin* **7/18/05**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering.) DATE

**Filing Fee is \$50.00  
Due by September 7, 2005**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE **MGRM** Delete  
NAME **MARTIN, MICHAEL D**  
STREET ADDRESS **7011 WINDWARD STREET**  
CITY-ST-ZIP **PORT ST. JOE, FL 32456**

TITLE **MGRM** Delete  
NAME **GUNTOR, JOSEPH C**  
STREET ADDRESS **7011 WINDWARD STREET**  
CITY-ST-ZIP **PORT ST. JOE, FL 32456**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**10. ADDITIONS/CHANGES**

TITLE **MGRM** ☒ Change ☐ Addition  
NAME **MARTIN, MICHAEL D.**  
STREET ADDRESS **4232 CR 30A**  
CITY-ST-ZIP **Port St. Joe FL 32456**

TITLE **MGRM** ☒ Change ☐ Addition  
NAME **Guntor, Joseph C.**  
STREET ADDRESS **4232 CR 30A**  
CITY-ST-ZIP **Port St. Joe FL 32456**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: **Michael D. Martin** *Michael D. Martin* **7/18/05** **850 238 1252**