2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
2005 APR 18 PM 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000083864

1. Entity Name
DIXON DURKIN KING PRIDGEN LLC

Principal Place of Business	Mailing Address
756 BALDWIN AVE DEFUNIAK SPRINGS FL 32435	756 BALDWIN AVE DEFUNIAK SPRINGS FL 32435

1st MOORE CR2E083 (10/04)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country WALTON	Zip / Country WALTON

4. FEI Number 20-1895961 ☐ Applied For ☐ Not Applic

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

6. Name and Address of Current Registered Agent

INGRAM, DOUGLAS T JR
912 S. PALM BLVD.
SUITE E
NICEVILLE FL 32578

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 acc the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM DURKIN, LYDIA KAREN K 86 PEACOCK ROAD DEFUNIAK SPRINGS FL 32433	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Ad
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM KING, LYDIA C 86 PEACOCK ROAD DEFUNIAK SPRINGS FL 32433	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Ad U00000295436 04/09/05-80028-015 50.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM PRIDGEN, VIRGINIA D 40B, HWY 181 WEST DEFUNIAK SPRINGS FL 32433	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Ad
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM DIXON, CAROLYN PEACOCK ROAD DEFUNIAK SPRINGS FL 32433	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Ad
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Ad
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Ad

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 informatic 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: VIRGINIA D. PRIDGEN Virginia D. Pridgen 03-27-05
Secty of LLC.