


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Sep 15, 2005 8:00 A.M.
Secretary of State

DOCUMENT # L04000084565		
1. Entity Name J R WILSON SERVICES LLC		
Principal Place of Business #3 SE 220TH STREET SUWANNEE FL 32692	Mailing Address #3 SE 220TH STREET SUWANNEE FL 32692	



1st MOORE CR2E083 (10/04)

2. Principal Place of Business <i>SUWANNEE FLORIDA</i> Suite, Apt. #, etc. <i>#3 SE 220TH STREET</i>	3. Mailing Address <i>SUWANNEE</i> <i>P.O. BOX 154 FLORIDA 32692</i> Suite, Apt. #, etc.
City & State <i>SUWANNEE FLORIDA</i>	City & State <i>SUWANNEE FLORIDA</i>
Zip <i>32692</i>	Country <i>U.S.A.</i>

4. FEI Number <i>75-3171500</i>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

WILSON, JAMES ROBERT
#3 SE 220TH STREET
SUWANNEE FL 32692

7. Name and Address of New Registered Agent

Name: *NO ADDITIONS*

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: *James R. Wilson III* DATE: *9/10/05*

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

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	MGR WILSON, JAMES ROBERT <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, JAMES ROBERT	100059778541
STREET ADDRESS	PO BOX 154	09/20/05--01032--027 **\$5.00
CITY-ST-ZIP	SUWANNEE FL 32692	
TITLE	MGRM <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, MARJORIE L	
STREET ADDRESS	PO BOX 154	
CITY-ST-ZIP	SUWANNEE FL 32692	
TITLE	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
100059778541	09/20/05--01032--027 **\$5.00

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: *James R. Wilson III* *James R. Wilson III* DATE: *9/10/05* DAYTIME PHONE #: *352 542 1474*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DATE Daytime Phone #