


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**


04-30-2008 90020 019 \*\*\*138.75

<b>DOCUMENT # L05000014272</b>	
1. Entity Name <b>FREDERICK BARGER FLOORING SERVICE LLC</b>	

Principal Place of Business <b>4263 POVERTY CREEK ROAD CRESTVIEW FL 32539</b>	Mailing Address <b>4263 POVERTY CREEK ROAD CRESTVIEW FL 32539</b>
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2. Principal Place of Business - No P.O. Box # <b>4263 Poverty Creek Rd</b>	3. Mailing Address <b>4263 Poverty Creek Rd</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Crestview Fla.</b>	City & State <b>Crestview Fla.</b>
Zip <b>32539</b>	Country <b>U.S.A.</b>

	
1st MOORE	CR2E083 (10/07)
4. FEI Number <b>65-1242611</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>BARGER, FREDERICK G 4263 POVERTY CREEK ROAD CRESTVIEW FL 32539</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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 registering)

<b>FILE NOW!!! FEE IS \$138.75</b>	
<b>After May 1, 2008, Fee Will Be \$538.75</b>	
<b>Make Check Payable to Florida Department of State</b>	

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM BARGER, FREDERICK G 4263 POVERTY CREEK ROAD CRESTVIEW FL 32539</b> <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 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:** Frederick G. Barger **Frederick G. Barger** **850-826-0139**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #