2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

8

FILED
Sep 11, 2006 8:00 am
Secretary of State

08-14-2006 90123 002 ****55.00

DOCUMENT # L05000035306

1. Entity Name
K&B JOHNSON ENTERPRISES, LLC

Principal Place of Business
1728 MOSSER LN
BONIFAY FL 32425

Mailing Address
1728 MOSSER LN
BONIFAY FL 32425

2nd MOORE CR2E083 (4/06)

2. Principal Place of Business
Bonifay, Florida - Home
Suite, Apt. #, etc.

3. Mailing Address
1728 Mosser Lane
Suite, Apt. #, etc.

City & State: Bonifay, Florida
Zip: 32425 Country: USA

City & State: Bonifay, Florida
Zip: 32425 Country: USA

4. FEI Number: 421588264 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
JOHNSON, BOBBY R
1728 MOSSER LN
BONIFAY FL 32425

7. Name and Address of New Registered Agent
Name: Bobby Johnson
Street Address (P.O. Box Number is Not Acceptable): 1728 Mosser Lane
City: Bonifay FL Zip Code: 32425

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: [signature] 8-8-06
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 September 6, 2006

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOHNSON, BOBBY R 1728 MOSSER LN BONIFAY FL 32425 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOHNSON, KAREN G 1728 MOSSER LN BONIFAY FL 32425 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: [signature] 9-1-06 850-547-5364
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #