

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000035597

FILED
Apr 12, 2007
Secretary of State

Entity Name: ALLMON CONSTRUCTION, LLC

Current Principal Place of Business:

523 WEST MAIN STREET
POMONA PARK, FL 32181

New Principal Place of Business:

Current Mailing Address:

523 WEST MAIN STREET
POMONA PARK, FL 32181

New Mailing Address:

FEI Number: 57-1219488

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLMON, MEGHAN E
523 WEST MAIN STREET
POMONA PARK, FL 32181 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ALLMON, TIMOTHY A
Address: 523 WEST MAIN STREET
City-St-Zip: POMONA PARK, FL 32181

Title: MGRM () Delete
Name: FORD, BLAKE
Address: 523 WEST MAIN STREET
City-St-Zip: POMONA PARK, FL 32181

Title: MGRM (X) Delete
Name: ARNETT, ANDREW C
Address: 523 W. MAIN STREET
City-St-Zip: POMONA PARK, FL 32181

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: REID, CHRISTOPHER P
Address: 523 WEST MAIN STREET
City-St-Zip: POMONA PARK, FL 32181

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: TIMOTHY A. ALLMON

MGR

04/12/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date