

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000042237

Entity Name: STUMPY'S SERVICES LLC

FILED
Apr 19, 2006
Secretary of State

Current Principal Place of Business:

6978 CR360
MADISON, FL 32340

New Principal Place of Business:

Current Mailing Address:

PO BOX 1033
PERRY, FL 32348

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARRIS, NORMA JEAN
6978 CR360
MADISON, FL 32340 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: HARRIS, NORMA JEAN
Address: 6978 CR360
City-St-Zip: MADISON, FL 32340

Title: MGRM () Delete
Name: JAMES, ROBERT
Address: 6978 CR360
City-St-Zip: MADISON, FL 32340

Title: MGRM (X) Delete
Name: DOVER, MICHAEL
Address: 5450 N.W. CR 150
City-St-Zip: GREENVILLE, FL 32331

Title: MGRM () Delete
Name: WEEKS, STEVE
Address: 1157 N.E. FORD DR.
City-St-Zip: MADISON, FL 32348

ADDITIONS/CHANGES:

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

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

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

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: NORMA JEAN HARRIS

MGR

04/19/2006

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