


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Sep 05, 2006 8:00 am**  
**Secretary of State**

09-05-2006 90050 011 \*\*\*\*50.00

<b>DOCUMENT # L05000059398</b> 1. Entity Name <b>W &amp; A ENTERPRISES, LLC</b>					
Principal Place of Business <b>2782 CREEKWOOD DRIVE CANTONMENT, FL 32533</b>			Mailing Address <b>2782 CREEKWOOD DRIVE CANTONMENT, FL 32533</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>Po Box 34254</b>  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State <b>Pensacola, FL</b>  Zip      Country <b>32507      Escambia</b>		4. FEI Number <b>20-2999215</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>  <b>HUSTON, GARY W 125 W. ROMANA STREET, SUITE 800 PENSACOLA, FL 32502</b>			<b>7. Name and Address of New Registered Agent</b>  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: <u>Gary W. Huston</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by September 6, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
[Empty Row]			<b>MGRM Randy Ashcraft Po Box 34254 Pensacola, FL 32507</b>		
[Empty Row]			<b>MGRM Jerry T. Webb 2782 Creekwood Drive Cantonment, FL 32533</b>		
[Empty Row]			[Empty Row]		
[Empty Row]			[Empty Row]		
[Empty Row]			[Empty Row]		
[Empty Row]			[Empty Row]		
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.					
<b>SIGNATURE:</b> <u>Jerry T. Webb</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<b>8/31/06</b> <small>Date</small>		<b>572-8923</b> <small>Daytime Phone #</small>