

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000060293

Entity Name: SHOVER CARPENTRY, LLC

FILED
May 11, 2006
Secretary of State

Current Principal Place of Business:

2200 JUNGLE ROAD
NEW SMYRNA BEACH, FL 32168

New Principal Place of Business:

Current Mailing Address:

2200 JUNGLE ROAD
NEW SMYRNA BEACH, FL 32168

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SHOVER, MOLLIE C
2200 JUNGLE ROAD
NEW SMYRNA BEACH, FL 32168 US

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: SHOVER, MOLLIE C
Address: 2200 JUNGLE ROAD
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGR () Change (X) Addition
Name: SHOVER, DAVID T
Address: 2200 JUNGLE ROAD
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: MGR () Change (X) Addition
Name: SHOVER, ROBERT W
Address: 2200 JUNGLE ROAD
City-St-Zip: NEW SMYRNA BEACH, FL 32168

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: MOLLIE SHOVER

MGR

05/11/2006

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