FILED
Jun 04, 2007 8:00 am
Secretary of State
04-10-2007 90081 009 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000015584

1. Entity Name
PARRISH POWER TOOLS & EQUIPMENT, LLC

03292007 Chg-LLC CR2E083 (12/06)

Principal Place of Business	Mailing Address
12209 E. 81ST STREET PARRISH, FL 34219	12209 E. 81ST STREET PARRISH, FL 34219

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
12209 E. 81st Street	2904 45th St. E.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Parrish FL.	City & State: Bradenton FL.
Zip: 34219 Country: US	Zip: 34208 Country: US

4. FEI Number: 20 4679915 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SCHROEDER, ROBERT
12209 E. 81ST STREET
PARRISH, FL 34219

7. Name and Address of New Registered Agent

Name: James E. Parks
Street Address (P.O. Box Number is Not Acceptable): 2904 45th St. E.
City: Bradenton FL Zip Code: 34208

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] James E. Parks 3/30/07
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Registered agent Schroeder, Robert 12209 E. 81st Street Parrish FL 34219 ☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	mg RM James E. Parks 2904 45th St. E. Bradenton FL. 34208 ☐ 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
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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] James E Parks 4/4/07 941 748-5965
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #