

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90431 017 ****50.00

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DOCUMENT # L06000087461 1. Entity Name FP&O, LLC					
Principal Place of Business 4302 AIRPORT RD. PLANT CITY, FL 33563			Mailing Address 4302 AIRPORT RD. PLANT CITY, FL 33563		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		03242007 Chg-LLC CR2E083 (12/06) 4. FEI Number <div style="border: 1px solid black; padding: 2px; display: inline-block;">01-0874464</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-left: 10px;">Applied For Not Applicable</div> 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
City & State		City & State			
Zip Country		Zip Country			
6. Name and Address of Current Registered Agent STUDDIFORD, JAMES 902 S ALEXANDER STREET PLANT CITY, FL 33563		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">6111 AUDOBON MANOR BLVD.</div> City LITHIA FL Zip Code 33547			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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	MGRM STUDDIFORD, JAMES 902 S ALEXANDER STREET PLANT CITY, FL 33563 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">6111 AUDOBON MANOR BLVD. LITHIA, FL 33547</div> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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:			JAMES STUDDIFORD 3/28/07 813-719-2660 <small>Signature and typed or printed name of signing managing member, manager, or authorized representative Date Daytime Phone #</small>		