## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000092621  1. Entity Name DAUGHTRY & SON ELECTRICAL CONTRACTORS L.L.C.				07 APR 30 PM 4: 56				
Principal Place of Business  6934 TOM ROBERTS ROAD TALLAHASSEE, FL 32305  Mailing Address  6934 TOM ROBERTS ROAD TALLAHASSEE, FL 32305		BK	TAL	LAHASSEE	OF STA	ITE IDA	<b>31</b> 1 # 1201	
2. Principal Place of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.	Suite, Apt. #, etc.			04302007	Chg-LLC	CR2E08	3 (12/06)	
City & State	City & State			4. FEI Number			-	plied For t Applicable
Zip Country	Zíp	Count	try	5. Certificate of	Status Desired		5.00 Add ee Required	
6. Name and Address of Current Registered Agent			Name	7. Name and A	ddress of New Re	gistered A	gent	
DAUGHTRY, GARY L 6934 TOM ROBERTS ROAD TALLAHASSEE, FL 32305			Street Address (I	P.O. Box Number i	s Not Acceptable)			
			City			FL	Zip Code	9
The above named entity submits this statement for the obligations of registered agent.	the purpose of changing its	registere	ed office or register	ed agent, or both,	in the State of Flor		miliar with,	and accept
SIGNATURE								
Filing Fee is \$50.00 Due by May 1, 2007			BK	2 3. 3. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4.		check pa Departme		
9. MANAGING MEMBER	_	10.			ADDITIONS/0		Change	- Addition
NAME DAUGHTRY, GARY L STREET ADDRESS 6934 TOM ROBERTS ROAD	DAUGHTRY, GARY L			70:	<b>01017</b> 0701018-		☐ Change	☐ Addition
CITY-ST-ZIP TALLAHASSEE, FL 32305 TITLE	TALLAHASSEE, FL 32305			05/07/	<u>0701018-</u>		<b>**50.0</b> □ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	Delete NAM STRE						Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete TITLE NAME STREI CITY-						☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete TITLE NAME STREE CITY-						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete TITLE NAME STREE CITY-						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete						☐ 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: 430-67 SIGNATURE AND TYPED OUTPRINTED MANE OF SUGNING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Dayline Phone #								