

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 16, 2008 8:00 am**  
**Secretary of State**

07-16-2008 90021 018 \*\*\*143.75

<b>DOCUMENT # L07000061305</b> 1. Entity Name <b>FARMBOY FABRICATIONS, LLC</b>																																																																																							
Principal Place of Business <b>1407 THOMASVILLE CIRCLE LAKELAND, FL 33811 US</b>		Mailing Address <b>1407 THOMASVILLE CIRCLE LAKELAND, FL 33811 US</b>																																																																																					
2. Principal Place of Business - No P.O. Box # <b>6220-1 Topaz Ct.</b>		3. Mailing Address <b>6220-1 Topaz Ct.</b>																																																																																					
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																																																																																					
City & State <b>Fort Myers, FL</b>		City & State <b>Fort Myers, FL</b>																																																																																					
Zip <b>33906</b>		Zip <b>33906</b>																																																																																					
Country <b>US</b>		Country <b>US</b>																																																																																					
4. FEI Number <b>26-0345640</b>		Applied For <input type="checkbox"/> Not Applicable																																																																																					
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$5.00</b> Additional Fee Required																																																																																					
6. Name and Address of Current Registered Agent  <b>ROBERT F. DIMARCO, C.P.A. PA 3444 EAST LAKE ROAD SUITE 412 PALM HARBOR, FL 34685</b>		7. Name and Address of New Registered Agent Name <b>W. Bradley Cooper, Jr. CPA,</b> Street Address (P.O. Box Number is Not Acceptable) <b>12730 New Brittany Blvd. 4th Floor</b> City <b>Fort Myers</b> <b>FL</b> Zip Code <b>33907</b>																																																																																					
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  (NOTE: Registered Agent signature required when reinstating) DATE _____																																																																																							
<b>FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.																																																																																					
Make check payable to <b>Florida Department of State</b>																																																																																							
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: left;">9. MANAGING MEMBERS/MANAGERS</th> <th colspan="2" style="text-align: left;">10. ADDITIONS/CHANGES</th> </tr> </thead> <tbody> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">MGRM <input checked="" type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>TODD, JESSE</td> <td>NAME</td> <td>Todd, Jesse</td> </tr> <tr> <td>STREET ADDRESS</td> <td>1407 THOMASVILLE CIRCLE</td> <td>STREET ADDRESS</td> <td>328 Progress Ave.</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LAKELAND, FL 33811</td> <td>CITY-ST-ZIP</td> <td>Lehigh Acres, FL 33974</td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> </tbody> </table>				9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES		TITLE	MGRM <input checked="" type="checkbox"/> Delete	TITLE	MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	TODD, JESSE	NAME	Todd, Jesse	STREET ADDRESS	1407 THOMASVILLE CIRCLE	STREET ADDRESS	328 Progress Ave.	CITY-ST-ZIP	LAKELAND, FL 33811	CITY-ST-ZIP	Lehigh Acres, FL 33974	TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP		TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP		TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP		TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP	
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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:		7-11-08 (239) 337-5438																																																																																					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #																																																																																					