

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 24, 2008 8:00 am
Secretary of State

07-24-2008 90045 034 ***138.75

DOCUMENT # L07000098758 1. Entity Name DROOL DEFENDER, LLC			
Principal Place of Business 4250 CENTRAL AVE ST. PETERSBURG, FL 33711		Mailing Address 4250 CENTRAL AVE ST. PETERSBURG, FL 33711	
2. Principal Place of Business - No P.O. Box # 4250 Central Ave		3. Mailing Address 30 Sunset Bay Dr	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State St Petersburg FL		City & State Belleair FL	
Zip 33711		Zip 33756	
Country USA		Country USA	
4. FEI Number 26-1147249		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BRUNSON, JOHN M 4250 CENTRAL AVE ST. PETERSBURG, FL 33711		7. Name and Address of New Registered Agent Name Craig S Barkley Street Address (P.O. Box Number is Not Acceptable) 30 Sunset Bay Dr City Belleair FL Zip Code 33756	
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 Craig S Barkley DATE 7/22/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCNAY, SCOTT A 4250 CENTRAL AVE ST. PETERSBURG, FL 33711	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCNAY, COLLEEN O 4250 CENTRAL AVE ST. PETERSBURG, FL 33711	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BARKLEY, CRAIG S 4250 CENTRAL AVE ST. PETERSBURG, FL 33711	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BARKLEY, SANDRA M 4250 CENTRAL AVE ST. PETERSBURG, FL 33711	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BARKLEY, CRAIG S 30 Sunset Bay Dr Belleair FL 33756	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BARKLEY, SANDRA M 30 Sunset Bay Dr Belleair FL 33756	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BARKLEY, CRAIG S 30 Sunset Bay Dr Belleair FL 33756	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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: Craig S Barkley		SIGNATURE: Craig S Barkley	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date 7/22/08 Daytime Phone # 0128	

50008854



07092008 Chg-LLC CR2E083 (12/06)

7/22/08

727-588-