


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # L94000000250 1. Entity Name FORTIN, WALLACE & WILKES LIMITED COMPANY	
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Principal Place of Business 5701 DIVISION DRIVE FORT MYERS, FL 33905	Mailing Address 5701 DIVISION DRIVE FORT MYERS, FL 33905
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01052005 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0558370	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent PARENT, DAVID C 5701 DIVISION DRIVE FORT MYERS, FL 33905

DO NOT WRITE IN THIS SPACE

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, 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, 2005**

U00000175515
01/10/05 00053-018 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WILKES, GARY L 1630 PINE AVENUE ALVA, FL 33920
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PARENT, DAVID C 3859 HIDDEN ACRES CIRCLE NORTH FORT MYERS, FL 33903
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PARENT, LYNN M 3859 HIDDEN ACRES CIRCLE NORTH FORT MYERS, FL 33903
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: David C. Parent **David C. Parent 1-5-05 239-694-0038**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #