

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Jan 09, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # L94000000250**

**1. Entity Name  
FORTIN, WALLACE & WILKES LIMITED COMPANY**



**Principal Place of Business  
5701 DIVISION DRIVE  
FORT MYERS, FL 33905**

**Mailing Address  
5701 DIVISION DRIVE  
FORT MYERS, FL 33905**



01052006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number  
65-0558370**

**Applied For  
Not Applicable**

**5. Certificate of Status Desired ☐ \$5.00 Additional  
Fee Required**

**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 reselecting)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

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

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01/11/06-80019-017 50.00

**DO NOT WRITE  
IN THIS SPACE**

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*[Signature]* **Lynn M Parent** **1-5-06** **239-644-0038**