

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L97000001428

FILED
Apr 26, 2005
Secretary of State

Entity Name: CLARK, COLES, GUIDO AND ASSOCIATES, L.C.

Current Principal Place of Business:

1429 INDIAN TRAIL NORTH
PALM HARBOR, FL 34683

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 638
PALM HARBOR, FL 34682

New Mailing Address:

FEI Number: 59-3483443

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLARK, MICHAEL D
1429 INDIAN TRAIL NORTH
PALM HARBOR, FL 34683 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: CLARK, MICHAEL D
Address: 1429 INDIAN TRAIL NORTH
City-St-Zip: PALM HARBOR, FL 34683

Title: MGR () Delete
Name: COLES, D. WALTER
Address: 325 MOORINGS COVE DRIVE
City-St-Zip: TARPON SPRINGS, FL 34689

Title: MGR () Delete
Name: GUIDO, NANCY L
Address: 11927 NORTHUMBERLAND DRIVE
City-St-Zip: TAMPA, FL 33626

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: COLES, D. WALTER
Address: 9085 DICKENS AVENUE
City-St-Zip: BROOKSVILLE, FL 34613

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: MICHAEL D. CLARK

PRES

04/26/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date