2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 08, 2006
Secretary of State

DOCUMENT# L99000008283

Entity Name: HEACOCK STAFFING, L.L.C.

Current Principal Place of Business:

211 SOUTH RIDGEWOOD DRIVE
SEBRING, FL 33870

New Principal Place of Business:

Current Mailing Address:

211 SOUTH RIDGEWOOD DRIVE
SEBRING, FL 33870

New Mailing Address:

FEI Number: 65-0965146 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOHNSON, BETH
211 SOUTH RIDGEWOOD DRIVE
SEBRING, FL 33870 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/MANAGERS:

Title:	MGRM	( ) Delete
Name:	JOHNSON, BETH H	
Address:	1100 NANCESOWEE AVE.	
City-St-Zip:	SEBRING, FL 33870	
Title:	MGRM	( ) Delete
Name:	JOHNSON, DONALD C	
Address:	1100 NANCESOWEE AVE.	
City-St-Zip:	SEBRING, FL 33870	
Title:	MGRM	( ) Delete
Name:	HEACOCK, FORD W III	
Address:	4638 SHERWOOD AVE.	
City-St-Zip:	LAKELAND, FL 33813	

ADDITIONS/CHANGES:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	MGRM	(X) Change ( ) Addition
Name:	HEACOCK, FORD W III	
Address:	2418 JONILA AVENUE	
City-St-Zip:	LAKELAND, FL 33803	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: JAMES W. TAVENIERE CFO 03/08/2006

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