

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 02, 2007 8:00 am
Secretary of State

02-02-2007 90034 048 ****50.00

DOCUMENT # M05000001028

1. Entity Name
HEAD PROPERTIES, LLC



Principal Place of Business
18300 SCENIC HIGHWAY 98, SUITE B
POINT CLEAR, AL 36564 US

Mailing Address
P.O. BOX 230
POINT CLEAR, AL 36564 US

DO NOT WRITE IN THIS SPACE



01082007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-1859429

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHELL, STEPHEN B
SHELL, FLEMING, DAVIS AND MENGE
226 PALAFOX PLACE, 9TH FLOOR
PENSACOLA, FL 32502

**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, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
HEAD, DAVID H SR
18300 SCENIC HIGHWAY 98, SUITE B
POINT CLEAR, AL 36564

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
HEAD, DAVID H JR
18300 SCENIC HIGHWAY 98, SUITE B
POINT CLEAR, AL 36564

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
LEFFARD, DAVID
18300 SCENIC HIGHWAY 98, SUITE B
POINT CLEAR, AL 36564

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**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

Jan 9, 2007

Date

251-920-5950
251-445-0303

Daytime Phone #