

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 424069

FILED
Apr 19, 2005
Secretary of State

Entity Name: ART, MCBRIDE, CARPENTRY CONTRACTOR, INC.

Current Principal Place of Business:

7501 WILLIAMS RD
SEFFNER, FL 33584

New Principal Place of Business:

10251 COWLEY ROAD
RIVERVIEW, FL 33569

Current Mailing Address:

P.O. BOX 6709
SEFFNER, FL 33583

New Mailing Address:

FEI Number: 59-1456847

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCBRIDE, ARTHUR E
7501 WILLIAMS RD
SEFFNER, FL 33584 US

Name and Address of New Registered Agent:

MCBRIDE, ARTHUR E
29621 BAY HEAD ROAD
DADE CITY, FL 33523 US

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:

04/19/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: ST () Delete
Name: MCBRIDE, PATRICIA E,
Address: 3611 PETTICOAT JCT
City-St-Zip: VALRICO, FL 33594

Title: PD () Delete
Name: MCBRIDE, ARTHUR E,
Address: 7501 WILLIAMS RD
City-St-Zip: SEFFNER, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PD (X) Change () Addition
Name: MCBRIDE, ARTHUR E,
Address: 29621 BAY HEAD ROAD
City-St-Zip: DADE CITY, FL 33523

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 or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARTHUR E MCBRIDE

PD

04/19/2005

Electronic Signature of Signing Officer or Director

Date