

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2006 08:00 AM
Secretary of State

DOCUMENT # J72466 1. Entity Name FROOK CARPENTRY, INC.					
Principal Place of Business % KEVIN D FROOK 1180 EPPINGER DR PORT CHARLOTTE FL 33953 US			Mailing Address % KEVIN D FROOK 1180 EPPINGER DR PORT CHARLOTTE FL 33953 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2806529	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FROOK, PEGGY S. 1001 AVENIDA DEL CIRCO P. O. BOX 1596 VENICE FL 34285				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing)					
DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State					
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Added to Fee					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete FROOK, KENNETH B. 730 BUCKSKIN COURT ENGLEWOOD FL 34223		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add U00000479823 04/10/06-80019-007 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete FROOK, BRIAN K. 9101 SW LIPE RD ARCADIA FL 34266		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete FROOK, KEVIN D. 1180 EPPINGER DRIVE PORT CHARLOTTE FL 33953		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete DOVE, ARNOLD W 4180 BLITZEN TERR. NORTH PORT FL 34287		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Kevin D Frook* Sec./Treasurer **3/21/06 941-613-1974**