

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

May 04, 2006 08:00 AM
Secretary of State

DOCUMENT # L43597

1. Entity Name

DAVID E. PARTRIDGE CARPENTRY, INC.



Principal Place of Business

1061 16TH AVE, SW
NAPLES FL 34117
US

Mailing Address

1061 16TH AVE, SW
NAPLES FL 34117
US



1st MOORE

CR2E034 (10/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0163113**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PARTRIDGE, DAVID
1061 16TH AVE SW
NAPLES FL 34117

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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 Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **PARTRIDGE, DAVID E**
STREET ADDRESS **1061 16TH AVE., S.W.**
CITY-ST-ZIP **NAPLES FL 34145**

TITLE **VP** ☐ Delete
NAME **PARTRIDGE, SHEREE**
STREET ADDRESS **1061 16TH AVE., S.W.**
CITY-ST-ZIP **NAPLES FL 34145**

TITLE **S** ☐ Delete
NAME **GARCIA, ARMONDO**
STREET ADDRESS **2754 47TH TERR., N.W.**
CITY-ST-ZIP **NAPLES FL 34116**

TITLE **T** ☐ Delete
NAME **PARTRIDGE, DEREK**
STREET ADDRESS **3308 LISA LANE APT 3**
CITY-ST-ZIP **NAPLES FL 34117**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
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CITY-ST-ZIP

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:

Sheree Partridge **Sheree PARTRIDGE** **VP** **5-2-06 239-455-503**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #