2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L43597

FILED Apr 15, 2009 Secretary of State

Entity Name: DAVID E. PARTRIDGE CARPENTRY, INC.

	-	ace of Business:	New Principal Plac	e of business:
	I AVE, SW FL 34117	US		
Current Mailing Address:		New Mailing Address:		
	I AVE, SW FL 34117	US		
El Number	65-0163113	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
lame and	Address o	of Current Registered Agent:	Name and Address	of New Registered Agent:
061 16TH	GE, DAVID I AVE SW	US		
IAPLES, I	-L 34117	03		
he above			purpose of changing its register	red office or registered agent, or both,
he above	named entile of Florida.		purpose of changing its register	red office or registered agent, or both,
the above	named enti e of Florida. RE:			red office or registered agent, or both, Date
the above the State	named entite of Florida. RE: Electr	ity submits this statement for the		
he above the State GONATUI	named entite of Florida. RE: Electr	ity submits this statement for the cronic Signature of Registered Accing Trust Fund Contribution ().	gent	
he above the State GONATUI	named entite of Florida. RE: Electronpaign Finances S AND DIRE	ity submits this statement for the ronic Signature of Registered Againg Trust Fund Contribution (). ECTORS: () Delete E, DAVID E AVE., S.W.	gent	Date
The above to the State of the S	named entife of Florida. RE:	ity submits this statement for the cronic Signature of Registered Againg Trust Fund Contribution (). ECTORS: () Delete E, DAVID E AVE., S.W 34145 () Delete E, SHEREE AVE., S.W.	gent ADDITIONS/CHANG Title: Name: Address:	Date GES TO OFFICERS AND DIRECTOR

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: SHEREE PARTRIDGE VP 04/15/2009