

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 25, 2005 08:00 AM
Secretary of State**

DOCUMENT # L57045 1. Entity Name MIKE MCCONNELL CARPENTRY, INC.	
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Principal Place of Business 433 S. ROCKY FORD LAMONT, FL 32336	Mailing Address 433 S. ROCKY FORD LAMONT, FL 32336
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01242005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2997355	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FITZGERALD, BRIAN E. 903 1/2 N. MONROE ST. TALLAHASSEE, FL 32303
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FITZGERALD, BRIAN E. 119 N. MONROE ST. TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD MCCONNELL, MICHAEL RT. 1, BOX 224 LAMONT, FL
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Mike McConnell / Mike McConnell 1/24/05 850-528-5073
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Desktop Phone #