


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2005 08:00 AM
Secretary of State

DOCUMENT # L60909
1. Entity Name
STEVE G CARPENTRY, INC.



Principal Place of Business Mailing Address
2862 SW 182 AVENUE **2862 SW 182 AVENUE**
MIRAMAR, FL 33029 US **MIRAMAR, FL 33029 US**



04112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
65-0178944 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
GAWARECKI, STEPHEN
2862 SW 182 AVENUE
MIRAMAR, FL 33029

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**

1100000320289
04/21/05-80031-003 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GAWARECKI, STEPHEN
STREET ADDRESS	2862 SW 182 AVE
CITY-ST-ZIP	MIRAMAR, FL 33029
TITLE	TS
NAME	GAWARECKI, MICHELLE
STREET ADDRESS	2862 SW 182 AVE
CITY-ST-ZIP	MIRAMAR, FL 33029
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE 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)(f), 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 title empowered.

SIGNATURE: Stephen Gawarecki **STEPHEN GAWARECKI** 4-18-05 954-240-7584

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #