

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 22, 2005 08:00 AM
Secretary of State**

DOCUMENT # N96000006366 1. Entity Name THE CARPENTER'S WORKSHOP, INC.	
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Principal Place of Business 201 S.W. 62ND TERRACE PLANTATION, FL 33317 US	Mailing Address 201 S.W. 62ND TERRACE PLANTATION, FL 33317 US
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DO NOT WRITE IN THIS SPACE



01192005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0714914	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WITTE, LARRY F
201 S.E. 24TH AVENUE
POMPANO BEACH, FL 33062**

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

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 UNGERBUEHLER, RICHARD A 201 S.W. 62ND TERRACE PLANTATION, FL 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRAMAN, MICHAEL R 7050 NORTHWEST 44 STREET (APT. 401) LAUDERHILL, FL 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PURINTON, DAVID B 2548 S.W. 13TH COURT POMPANO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/24/05-80164-005 61.25

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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 617, 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: Richard A. Ungerbuehler, Sr. 01-20-05 (954) 512-0653
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
RICHARD A. UNGERBUEHLER, SR.