## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

DOCUMENT # P02000046181  1. Entity Name DEMPSEY'S CARPENTRY SERVICES, INC.							Jan 29, 2005 08:00 AM Secretary of State				
Principal Plac	a of Rusiness	Mailin	og Address	<del></del>		-					
Principal Place of Business 3813 MARIANNA RD			Mailing Address 3813 MARIANNA RD			1				•	
	ILLE FL 32217		JACKSONVILLE FL 32217								
						1111	 				
2. Principal F	Place of Business	3. Ma	3. Mailing Address			- I <b>I</b>					
							CERCOUNT CITY CERPTIL BILDIN COUNTY WOULDER		DIIMI TIRAE EAST	EL TIMINALE ES ESSAI	
Suite, Apt.	#, etc.	Suit	Suite, Apt. #, etc.			15	st MOORE	CR2E034	(10/04)		
City & Stat	ө	City	City & State			4. FEI Numb	oer 01-0675036	:	<del> </del>	Applied For	
Zip Country		7in	Zip Coun		tru	co 75 Autre at		Not Applicable			
210	Country			Coun	u y	5. Certificate	e of Status Desired		3 <b>8.75</b> A Fee Requ	Additional ired	
	6. Name and Address of Cum	ent Register	ed Agent	<del></del>		7. Name and	d Address of New R				
JOH	INSON KEITH H			•	Name	_	•	•		•	
JOHNSON, KEITH H 8810 GOODBYS EXECUTIVE DR			E A Street Addres			P.O. Box Numb	oer is Not Acceptable			<del> </del>	
JACKSONVILLE FL 32217						<del></del>	<del></del>	· · · · · · · · · · · · · · · · · · ·		<del></del>	
					City				Zip C		
0 Ti				<del>- ; ; -</del>				FL			
the obligat	named entity submits this statement ions of registered agent.	nt for the purp	oose of changing its	s registeri	ed office or registe.	red agent, or bo	oth, in the State of Flo	rida. Iam :	amiliar wi	th, and accept	
0.00.47.105									•		
SIGNATURE	Signature, typed or printed name of registered a	igent and little if app	plicable (NOT	E Registere	d Agent signature required	d when reinstating)		DATE		<del></del>	
F	ILE NOW!!! FEE IS \$150.00	<del> </del>	1		· · · · · · · · · · · · · · · · · · ·		2 Flanking Co	· · · · · · · · · · · · · · · · · · ·		 E 00	
After	May 1, 2005 Fee Will Be \$550						<ol> <li>Election Campa Trust Fund Con</li> </ol>			<b>5.00</b> May Be	
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NAME	DEMPSEY, MICHAEL D		□ Delete	NAM	<b>I</b>		Haaaaaaa	^	_ •		
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12. I hereby o	certify that the information supplied on this report or supplemental repo	with this filing	does not qualify fo	r the exe	mption stated in Se	ection   19.07(3)	)(i), Florida Statutes. I	further cer	ify that th	e information	
or trie cor	DOLAROLLOLLIG RECEIVEL OF TUSING E	mbowered to	execure inis report	r as redili	red by Chapter 607	same regar erre 7, Florida Statut	es, and that my name	am, mat la appears ir	in an office Block 10	or Block 11 if	
onanged	or on an attachment with an addre	IO (III) (II)	ter like empowered		٠. ٨.				<b>.</b> .		

Michael Jampan = Michael DEMPSEY 1-27-65 904-910-376
SIGNATURE AND TYPES OR PRINTED NAME OF SIGNATURE OF DIRECTOR

DEVINE PROPERTY

DEVINE PRO

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