

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000100710	
1. Entity Name, CARPENTRY CONSULTANT SERVICES, INC.	

Principal Place of Business 1688 PROSPECT STREET SARASOTA FL 34239	Mailing Address 1688 PROSPECT STREET SARASOTA FL 34239
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/06)

4. FEI Number 56-2293359 ☐ **Applied For**
Not Applicable

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

6. Name and Address of Current Registered Agent KALISH, CHRISTOPHER J 1688 PROSPECT STREET SARASOTA FL 34239
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

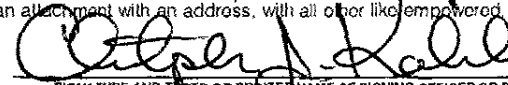
9. Election Campaign Financing **\$5.00 May 2:**
Trust Fund Contribution. ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE	☐ Delete
NAME	KALISH, CHRISTOPHER J
STREET ADDRESS	1688 PROSPECT STREET
CITY ST ZIP	SARASOTA FL 34239
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY ST ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	☐ Change ☐ Add
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	☐ Change ☐ Add
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	☐ Change ☐ Add
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	☐ Change ☐ Add
NAME	
STREET ADDRESS	
CITY ST ZIP	

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01/31/07-80056-005 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/07 941-447-8202
Daytime Phone #