

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 02, 2004 8:00 am
Secretary of State

07-02-2004 90001 022 ***150.00

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1. Entity Name
S & S CUSTOM CARPENTRY, INC.



Principal Place of Business

**653 NE 42 ST
OAKLAND PARK, FL 33307**

Mailing Address

**PO Box 23027
653 NE 42 ST
OAKLAND PARK, FL 33307**

54059570



DO NOT WRITE IN THIS SPACE

06242004 No Chg-P CR2E034 (10/03)

4. FEI Number
27-0048904

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FILINGS, INC.
3732 NW 16 ST
FT LAUDERDALE, FL 33311
CAROLYN GOLDBERG CPA
2650 NW 11TH ST
POMPANO BEACH FLA 33062**

**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

CAROLYN GOLDBERG

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

6-28-04

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing

\$5.00 May Be
Trust Fund Contribution: ☐ Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
SAVERIEN, STEVEN W
653 NE 42 ST
OAKLAND PARK, FL 33307**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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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:

Steven W. Saverien
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6-28-04