## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 07, 2005 08:00 AM Secretary of State

1. Entity Nam	MENT # P030000033 ARPENTRY, INC.	65		Secretary of			oi State
•	e of Business LE CREEK RD 33610	Mailing Address 9608 SIX MILE CREEK RD TAMPA, FL 33610	<del>-</del> .				
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	O NOT WRITE	CE	01132005 4. FEI Numbe		CR2E034 (10/	(03) Applied For	
		•	02-066	·	- \$8.75	Not Applicable Additional	
		,	<del></del>	5. Certificate	of Status Desired	Fee Re	
	6. Name and Address of Current Re	gistered Agent		· · · · · · · · · · · · · · · · · · ·			
STAVING, SCOTT W 9608 SIX MILE CREEK RD TAMPA, FL 33610				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 Signature, typed of printed name of registered digent and title if applicable TNOTE. Registered Agent signature required when reinstating)  DATE							
		<del></del>		<del></del>		<del></del>	
FILE NOW!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.  10. OFFICERS AND DIRECTORS				.00 May Be led to Fees	02/08/09 02/08/09	00219607 5-80035-01	4 158,75
10.	D OFFICERS AND DIE	RECTORS					
NAME STREET ADDRESS CITY-ST-ZIP	STAVING, SCOTT W 9608 SIX MILE CREEK RD TAMPA, FL 33610	<del>-</del>				· · · · · · · · · · · · · · · · · · ·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					-		
TITLE		<u> </u>			<u></u>		
NAME STREET ADDRESS CITY - ST - ZIP				DO	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<u></u>	IN 7	THIS SP	ACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<del></del>		~ <del></del> -		
TITLE NAME STREEY ADDRESS CITY-ST-ZIP						·	
12. I hereby of indicated of the corp changed,	certify that the information supplied with this on this report or supplemental report is true poration or the receiver or trustee empower or on an attachmed with an address with	s filing does not qualify for the exe- le and accurate and that my signal red to execute this report as requi- all offer like empowered.	mption stated in Secure shall have the ted by Chapter 607	ection 119.07(3)(1 same legal effect 7. Florida Statutes	), Florida Statutes. I t as if made under o s; and that my name	further certify that ath; that I am an of appears in Block	the information ficer or director 10 or Block 11 if

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OF DIRECTOR

SIGNATURE: \_>