

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2007 8:00 am
Secretary of State

07-25-2007 90044 044 ***150.00

DOCUMENT # P03000064780		
1. Entity Name CARPENTRY CONTRACTORS, INC.		

Principal Place of Business 2087-A SARNO RD. MELBOURNE, FL 32935	Mailing Address 2087-A SARNO RD. MELBOURNE, FL 32935
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2. Principal Place of Business - No P.O. Box # 486 N. Harbor City Blvd	3. Mailing Address 486 N Harbor City Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Melbourne FL	City & State melbourne FL
Zip 32935	Zip 32935
Country	Country

40126957



07122007 Chg-P CR2E034 (12/06)

4. FEI Number 02-0695003	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MILLER, ALLEN 2087-A SARNO RD. MELBOURNE, FL 32935	
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7. Name and Address of New Registered Agent Name: Caruso Steven Street Address (P.O. Box Number is Not Acceptable) 486 N Harbor City Blvd. City: melbourne FL Zip Code: 32935	
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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: <u>Steven Caruso</u> DATE: <u>7-18-07</u>	
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FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HETT, LISA M 2087-A SARNO RD. MELBOURNE, FL 32935 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HETT, JOHN M 5057 SE DEVENWOOD WAY STEWART, FL 34997 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HETT, MATTHEW J 2087-A SARNO RD. MELBOURNE, FL 32935 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.	
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SIGNATURE: <u>[Signature]</u>	DATE: <u>7-19-07</u>
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