2007 FOR PROFIT CORPORATION ANNUAL REPORT



DOCUMENT # P03000138633 1. Entity Name WARREN SASSER CARPENTRY, INC.									05-03-20	_	01 5 0 2 040 ***1	
Principal Place of Business 855 LAKE MARIAN ROAD KENANSVILLE, FL 34739				Mailing Address 855 LAKE MARIAN ROAD KENANSVILLE, FL 34739					-			
Principal Place of Business - No P.O. Box # 3. Mailing Address					.,							
Suite, Apt. #, etc.				Suite, Apt. #, etc.				04302007	Chg-P	CR2E	E034 (12/06)	
City & State			C	City & State				4. FEI Numb	•]+ -	oplied For ot Applicable
Zip	Country			tip	Cour	itry		5. Certificate	e of Status Desire	ed 🗆	\$8.75 Adk Fee Require	
855 LAKE KENANSV	T, SHIRLEY MARIAN R VILLE, FL 3	OAD 4739	Ť		s register	Street Addr	ress (P	LENI O. Box Numb AKE	Address of Ne ASSI OF IS Not Accep HARIAN E oth, in the State of	ER S PS	L 3949	e 39 and accept
SIGNATURE_	Signature, typed or	printed name of registered age	nt and title i	applicable. (NOI		ed Agent signature re			04	1-80 DATE	-07	
		FEE IS \$150.00 Fee will be \$550	.00	Trust Fund Con				00 May Be d to Fees				}
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ı	OFFICERS AND SHIRLEY MARIAN ROAD LLE, FL 34739	D DIREC	TORS Delete				ADDITIONS	/CHANGES TO	OFFICERS A	VD D!RECTOR ☐ Change	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SASSER, V 855 LAKE I KENANSVI	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					<u> </u>	☐ Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY+ST-ZIP				☐ Delete		I .					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		1					Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP				Delete	CITY	ET ADDRESS - ST-ZIP					☐ Change	☐ Addition
12. I hereby ciertify 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. SIGNATURE:												
SIGNAL	UKE: _	SIGNATURE AND TYPED OR	PRINTED	NAME OF SIGNING OFFICER	OR DIRECT	FOR			Date Date	U	Daytime Phone #	<u>72-2</u> 8/1