

FILED
Aug 19, 2005 8:00 am
Secretary of State


06-22-2005 90080 012 ***150.00
 08-19-2005 90010 009 ***400.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # P03000141280			
1. Entity Name BRUCE MILLER CARPENTRY, INC.			
Principal Place of Business 1015 N ALHAMBRA CIRCLE NAPLES, FL 34103		Mailing Address 1015 N ALHAMBRA CIRCLE NAPLES, FL 34103	
2. Principal Place of Business 1331 Chesapeake Ave		3. Mailing Address 1331 Chesapeake Ave	
Suite, Apt. #, etc. Apt #1		Suite, Apt. #, etc. Apt #1	
City & State Naples FL		City & State Naples FL	
4. FEI Number 58-2677720		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MILLER, KENNETH B 1015 N ALHAMBRA CIRCLE NAPLES, FL 34103		7. Name and Address of New Registered Agent Name Miller, Kenneth B Street Address (P.O. Box Number is Not Acceptable) 1331 Chesapeake Ave City Naples FL Zip Code 34102	
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 <i>Kenneth B Miller</i> DATE 6/20/05 <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when amending)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MILLER, KENNETH B 1015 N ALHAMBRA CIRCLE NAPLES, FL 34103 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Miller Kenneth B 1331 Chesapeake Ave Naples FL 34102 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Kenneth Bruce Miller</i> DATE 6/20/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			