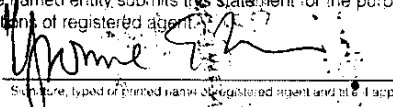
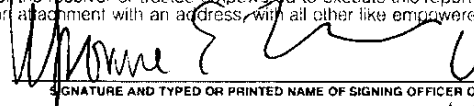


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2008 8:00 am
Secretary of State

05-09-2008 90013 040 ***150.00

DOCUMENT # P04000026134 1. Entity Name RODDY CUSTOM CARPENTRY INC.					
Principal Place of Business 580 RUBA RD SAINT AUGUSTINE FL 32086 US			Mailing Address 580 RUBA RD SAINT AUGUSTINE FL 32086 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 30-0237080	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RODDY, JOSEPH P 614 BOWERS LANE ST. AUGUSTINE FL 32080				7. Name and Address of New Registered Agent Name Joseph P Roddy Street Address (P.O. Box Number is Not Acceptable) 580 Ruba Rd City St. Augustine FL Zip Code 32086	
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 				DATE 4/20/08	
FILE NOW!!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐ \$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 RODDY, JOSEPH P 614 BOWERS LANE ST. AUGUSTINE FL 32080	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	580 Ruba Rd St. Augustine, FL	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RODDY, YVONNE E 614 BOWERS LANE ST. AUGUSTINE FL 32080	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	580 Ruba Rd St. Augustine, FL	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  Yvonne Roddy 4/20/08 904-797-1192					