


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 07, 2005 8:00 am
Secretary of State

05-05-2005 90113 005 ***150.00

DOCUMENT # P04000055612			
1. Entity Name THE CARPENTER'S HELPERS, INC.			
Principal Place of Business 545 TALL OAKS TERR LONGWOOD, FL 32750		Mailing Address 545 TALL OAKS TERR LONGWOOD, FL 32750	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BUSICK, LARRY 545 TALL OAKS TERR LONGWOOD, FL 32750		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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	PRESIDENT LUTHER HALE 6614 PLYMOUTH SORRENTO RD APOPKA, FL 32712	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VIC PRESIDENT NATHAN HALE 30100 WAKIVA RIVER RD APOPKA, FL SORRENTO, FL 32776	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER TERI HALE 6614 PLYMOUTH SORRENTO RD APOPKA, FL 32712	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY LARRY BUSICK 545 TALL OAKS TERR LONGWOOD, FL 32750	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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
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: <u>Larry Busick</u>		LARRY BUSICK	
SIGNATURE (AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)		Date: <u>4-29-05</u> Daytime Phone #: <u>407-948-4841</u>	

66021976



04292005 Chg-P CR2E034 (10/03)

4. FEI Number **71-0965608** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required