


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000138239
 1. Entity Name
EDWARD HERCHENRODER CARPENTRY INC.



Principal Place of Business Mailing Address
2410 AVENUE B WEST **2410 AVENUE B WEST**
BRADENTON BEACH, FL 34217 US **BRADENTON BEACH, FL 34217 US**

DO NOT WRITE IN THIS SPACE



02062007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
20-1709471 Not Applicable

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

6. Name and Address of Current Registered Agent
HERCHENRODER, EDWARD J
2410 AVENUE B WEST
BRADENTON BEACH, FL 34217

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HERCHENRODER, EDWARD J 2410 AVENUE B WEST BRADENTON BEACH, FL 34217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCHRANER, JEFFREY J JR 2410 AVENUE B WEST BRADENTON, FL 34217
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 04/06/07-80045-024 150.00

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.

SIGNATURE:  **Edward J. Herchenroder** **516-647-8205**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #