

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000088408

FILED  
Mar 08, 2006  
Secretary of State

Entity Name: TIM'S CUSTOM CARPENTRY, INC.

**Current Principal Place of Business:**

650 LAKE DRIVE  
CHULUOTA, FL 32766 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 660225  
CHULUOTA, FL 32766 US

**New Mailing Address:**

650 LAKE DRIVE  
CHULUOTA, FL 32766 US

FEI Number: 37-1513115

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LARSON, TIM  
650 LAKE DRIVE  
CHULUOTA, FL 32766 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P, D ( ) Delete  
Name: LARSON, TIM  
Address: PO BOX 660225  
City-St-Zip: CHULUOTA, FL 32766 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P, D (X) Change ( ) Addition  
Name: LARSON, TIM  
Address: 650 LAKE DRIVE  
City-St-Zip: CHULUOTA, FL 32766 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIM LARSON

P,D

03/08/2006

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date