

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 15, 2008 8:00 am
Secretary of State

08-15-2008 90002 015 ***158.75

DOCUMENT # P07000054517 1. Entity Name TAKE HART CARPENTRY, INC.			
Principal Place of Business 102 MARCO LAKE DR MARCO ISLAND, FL 34145		Mailing Address 102 MARCO LAKE DR MARCO ISLAND, FL 34145	
2. Principal Place of Business - No P.O. Box # 26568 Morton Ave Suite, Apt. #, etc.		3. Mailing Address 26568 Morton Ave Suite, Apt. #, etc.	
City & State Bonita Springs FL Zip Country 34135		City & State Bonita Springs, FL Zip Country 34135	
4. FEI Number 20-8989949		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HART, RICHARD F II 102 MARCO LAKE DR MARCO ISLAND, FL 34145		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 26568 Morton Ave City Bonita Springs FL Zip Code 34135	
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: <u><i>Richard F Hart II</i></u> * 8-7-08 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HART, RICHARD F II 102 MARCO LAKE DR MARCO ISLAND, FL 34145	☐ Delete	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WASHAK, LINDSAY E 102 MARCO LAKE DR MARCO ISLAND, FL 34145	☐ Delete	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	☐ Delete	☐ Change ☐ Addition
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: <u><i>Richard F Hart II</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<u><i>8-7-08</i></u> Date Daytime Phone #	