

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000095621

FILED
Jun 26, 2009
Secretary of State

Entity Name: BERT C. WARNER CARPENTRY, INC.

Current Principal Place of Business:

640 STARBOARD DRIVE
NAPLES, FL 34103

New Principal Place of Business:

Current Mailing Address:

640 STARBOARD DR.
NAPLES, FL 34103

New Mailing Address:

FEI Number: 65-0627192

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WARNER, BERT C
640 STARBOARD DRIVE
NAPLES, FL 34103 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: WARNER, BERT C
Address: 640 STARBOARD DRIVE
City-St-Zip: NAPLES, FL 34103

Title: VP () Delete
Name: WARNER, BERT C
Address: 640 STARBOARD DRIVE
City-St-Zip: NAPLES, FL 34103

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: BERT WARNER

PSTD

06/26/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date