

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2006 8:00 am
Secretary of State

01-10-2006 90032 020 ***158.75

DOCUMENT # P97000057846 1. Entity Name DEGIORGIO CARPENTRY INC.					
Principal Place of Business 10907 MEADOWLARK COVE DR. FT. MYERS, FL 33908			Mailing Address 10907 MEADOWLARK COVE DR. FT. MYERS, FL 33908		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 65-0766326	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent DEGIORGIO, LISA G 10907 MEADOWLARK COVE DR. FT. MYERS, FL 33908			7. Name and Address of New Registered Agent 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 reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	P DEGIORGIO, LISA G 10907 MEADOWLARK COVE DR FT MYERS, FL 33908	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Sabby DeGiorgio 6301 South Westshore Blvd #1608 Tampa, FL 33616	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DEGIORGIO, JOHN 10907 MEADOWLARK COVE DR FT MYERS, FL 33908	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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: Lisa G. DeGiorgio			1-4-06 239-481-7455		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		