

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2005 8:00 am
Secretary of State

03-24-2005 90035 028 ***150.00

DOCUMENT # P96000021475

1. Entity Name

M. W. CARPENTER, INC.



Principal Place of Business

11120 NW FIRST CT
CORAL SPRINGS FL 33071

Mailing Address

5835 NW BEGONIA AVE
PORT SAINT LUCIE FL 34986

2. Principal Place of Business

5835 NW BEGONIA AVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PORT ST LUCIE FL

Suite, Apt. #, etc.

City & State

City & State

Zip

34986

Country

PORT ST LUCIE

Zip

Country

4. FEI Number

65-0649864

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/04)



6. Name and Address of Current Registered Agent

DOS SANTOS, MARCOS A
11120 N.W. FIRST CT
CORAL SPRINGS FL 33071

7. Name and Address of New Registered Agent

Name

DOS SANTOS MARCOS A

Street Address (P.O. Box Number is Not Acceptable)

5835 NW BEGONIA AVE

City

PORT ST LUCIE FL

Zip Code

34986

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

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

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PVD ☐ Delete
NAME DOS SANTOS, MARCOS A
STREET ADDRESS 5835 BEGONIA AVE.
CITY-ST-ZIP PORT ST. LUCIE FL 34986

TITLE TD ☐ Delete
NAME DOS SANTOS, MARCELLUS A
STREET ADDRESS 5435 MOOREN TRAIL, #103
CITY-ST-ZIP PORT ST. LUCIE FL 34986

TITLE SD ☒ Delete
NAME DOS SANTOS, MARCOS A JR.
STREET ADDRESS 257 SW WHITMORE DR.
CITY-ST-ZIP PORT ST. LUCIE FL 34984

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/19/2005

Date

954655474

Daytime Phone #