

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 424069

FILED
Jan 20, 2009
Secretary of State

Entity Name: ART, MCBRIDE, CARPENTRY CONTRACTOR, INC.

Current Principal Place of Business:

10251 COWLEY ROAD
RIVERVIEW, FL 33578

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 6709
SEFFNER, FL 33583

New Mailing Address:

FEI Number: 59-1456847

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCBRIDE, ARTHUR E
29621 BAY HEAD ROAD
DADE CITY, FL 33523 US

Name and Address of New Registered Agent:

MCBRIDE, ARTHUR E
29671 BAY HEAD ROAD
DADE CITY, FL 33523 US

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:

01/20/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: MCBRIDE, PATRICIA E,
Address: 3611 PETTICOAT JCT
City-St-Zip: VALRICO, FL 33594

Title: PD () Delete
Name: MCBRIDE, ARTHUR E,
Address: 29621 BAY HEAD ROAD
City-St-Zip: DADE CITY, FL 33523

Title: T () Delete
Name: LAVOIE, TRUDY K
Address: 3510 MCINTOSH OAKS COURT
City-St-Zip: DOVER, FL 33527

Title: VP () Delete
Name: MCBRIDE, TIMOTHY
Address: 2917 PONDEROSA TRAIL
City-St-Zip: WIMAUMA, FL 33598

Title: VP () Delete
Name: GRITZINGER, WARREN D JR
Address: 3816 CARDENAL AVE.
City-St-Zip: RUSKIN, FL 33573

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PD (X) Change () Addition
Name: MCBRIDE, ARTHUR E,
Address: 29671 BAY HEAD ROAD
City-St-Zip: DADE CITY, FL 33523

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

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: TRUDY K. LAVOIE

T

01/20/2009

Electronic Signature of Signing Officer or Director

Date