


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2008 8:00 am
Secretary of State

02-22-2008 90020 003 ****61.25

DOCUMENT # 769898

1. Entity Name
CARPENTER'S HOME ESTATES, INC.



Principal Place of Business
**1001 CARPENTER'S WAY
 LAKELAND, FL 33809 US**

Mailing Address
**1001 CARPENTER'S WAY
 LAKELAND, FL 33809 US**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

02112008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2347336 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



6. Name and Address of Current Registered Agent

**THOMPSON, JOHN A EX. DIR
 1001 CARPENTERS WAY
 LAKELAND, FL 33809**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> Delete
NAME	MCCRANEY, LOU	
STREET ADDRESS	3105 BROOK DRIVE	
CITY-ST-ZIP	LAKELAND, FL 33811	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	INGLIS, DAVID	
STREET ADDRESS	707 CARPENTERS WAY #37	
CITY-ST-ZIP	LAKELAND, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHORT, RILEY DR.	
STREET ADDRESS	221 WEST PALM	
CITY-ST-ZIP	LAKELAND, FL 33803	
TITLE	D	<input type="checkbox"/> Delete
NAME	BREIDENBACH, LYNNE REV	
STREET ADDRESS	1543 U.S. HWY 98 S #205	
CITY-ST-ZIP	LAKELAND, FL 33801	
TITLE	PD	<input type="checkbox"/> Delete
NAME	JOHNSON, MALLORY	
STREET ADDRESS	707 CARPENTER'S WAY #37	
CITY-ST-ZIP	LAKELAND, FL 33809	
TITLE	-TD-	<input type="checkbox"/> Delete
NAME	GILLMAN, LEO	
STREET ADDRESS	1707 W. REYNOLDS ST	
CITY-ST-ZIP	PLANT CITY, FL 33567	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN MILLER	
STREET ADDRESS	3508 SYDNEY RD	
CITY-ST-ZIP	PLANT CITY, FL 33567	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 617, 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: *John A. Thompson* **2/12/08** **863-858-3847**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #