


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90294 043 \*\*\*150.00

**DOCUMENT # G94564**  
 1. Entity Name  
**A & S CARPENTRY OF MANATEE COUNTY, INC.**



Principal Place of Business      Mailing Address  
 7904 2ND AVE      7904 2ND AVE W  
 % ALAN GLYNN      % ALAN GLYNN  
 BRADENTON, FL 34209 US      BRADENTON, FL 34209 US

2. Principal Place of Business      3. Mailing Address  
*2005 MANATEE AVE. W.*      *2005 MANATEE AVE. W.*  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
*BRADENTON FL*      *BRADENTON FL*  
 Zip      Country      Zip      Country  
*34205*      *USA*      *34205*      *USA*



04222005      Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
**59-2385840**      Not Applicable  
 5. Certificate of Status Desired            **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent

**GLYNN, ALAN**  
**7904 2ND AVE**  
**BRADENTON, FL 34209**

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)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 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	DP GLYNN, ALAN 7904 2ND AVE BRADENTON, FL 34209	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Alan E. Glynn*      **ALAN E. GLYNN**      *4/27/05*      *941-345-5997*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #