2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H75957

FILED May 24, 2008 Secretary of State

Entity Name: BARRATT FINISH CARPENTRY, INC.

Current P	rincipal Place	of Business:		New Principal Pla	ce of Business:
	SHLAND DR IVILLE, FL 3222	26 US			
Current N	lailing Address	s:		New Mailing Addr	ess:
	SHLAND DR IVILLE, FL 3222	26 US			
FEI Number	: 59-2587257	FEI Number Applie	ed For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	Address of C	urrent Registere	d Agent:	Name and Address	s of New Registered Agent:
2721MAR: JACKSON	, LEWIS J., JR. SHLAND DR IVILLE, FL 3222				
	e named entity s e of Florida.	ubmits this staten	ent for the p	ourpose of changing its registe	ered office or registered agent, or both,
SIGNATUI					
SIGNATUI	RE:	c Signature of Re	gistered Age	ent	Date
In accordan	RE: Electroni	(2)(b), F.S., the corp	oration did no	ent It receive the prior notice.	Date
In accordan Election Cal	RE: Electroni	(2)(b), F.S., the corp Trust Fund Contrib	oration did no	t receive the prior notice.	Date IGES TO OFFICERS AND DIRECTORS
In accordan Election Cal	RE: Electroni ce with s. 607.193 mpaign Financing S AND DIRECT	(2)(b), F.S., the corp Trust Fund Contribution CORS: Delete IS J JR ND DR	oration did no	t receive the prior notice.	
In accordan Election Car OFFICER: Title: Name: Address:	Electronice with s. 607.193 mpaign Financing S AND DIRECT PD () BARRATT, LEW 2721 MARSHLAI JACKSONVILLE	(2)(b), F.S., the corp Trust Fund Contribution **ORS: Delete IS J JR ND DR , FL 32226 US Delete ABETH ND DR	oration did no	ADDITIONS/CHAN Title: Name: Address:	IGES TO OFFICERS AND DIRECTORS
In accordan Election Car OFFICER: Title: Name: Address: City-St-Zip: Title: Name: Address:	Electronice with s. 607.193 mpaign Financing S AND DIRECT PD () BARRATT, LEW 2721 MARSHLAI JACKSONVILLE ST () BARRATT, ELIZI 2721 MARSHLAI JACKSONVILLE	(2)(b), F.S., the corp Trust Fund Contribution FORS: Delete IS J JR ND DR , FL 32226 US Delete ABETH ND DR , FL 32226 US Delete ER R 7 EAST	oration did no	ADDITIONS/CHAN Title: Name: Address: City-St-Zip: Title: Name: Address: Address:	IGES TO OFFICERS AND DIRECTORS () Change () Addition
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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: LEWIS J BARRATT, JR PD 05/24/2008