

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90052 009 ***158.75

DOCUMENT # J68587 1. Entity Name BEST CARPENTRY SYSTEMS, INC.					
Principal Place of Business 9884 TREASURE CAY LANE P O BOX 1959 BONITA SPRINGS, FL 34135 US			Mailing Address 9884 TREASURE CAY LANE P O BOX 1959 BONITA SPRINGS, FL 33959		
2. Principal Place of Business 10932 K-9 Drive Suite, Apt. #, etc. Unit 3A-1		3. Mailing Address Post Office Box 1959 Suite, Apt. #, etc.			
City & State Bonita Springs, FL		City & State Bonita Springs, FL		4. FEI Number 59-2828371	
Zip 34135		Country USA		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KING, ELLA 9884 TREASURE CAY LANE BONITA SPRINGS, FL 34135				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: Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)					
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 NAME STREET ADDRESS CITY - ST - ZIP	PVS KING, BRIAN 9884 TREASURE CAY LANE BONITA SPRINGS, FL		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KING, BRIAN 9884 TREASURE CAY LANE BONITA SPRINGS, FL		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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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:			ELLA KING		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 2-4-05		

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