

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 26, 2008 08:00 AM
Secretary of State

DOCUMENT # J72466

1. Entity Name

FROOK CARPENTRY, INC.



Principal Place of Business

% KEVIN D FROOK
1180 EPPINGER DR
PORT CHARLOTTE FL 33953
US

Mailing Address

% KEVIN D FROOK
1180 EPPINGER DR
PORT CHARLOTTE FL 33953
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E034 (10/07)

Zip

Country

Zip

Country

4. FEI Number **59-2806529**

Applied For
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

FROOK, PEGGY S.
1001 AVENIDA DEL CIRCO
P. O. BOX 1596
VENICE FL 34285

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 re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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 ☐ Delete
NAME **FROOK, KENNETH B.**
STREET ADDRESS **14 LONG MEADOW ROAD**
CITY-ST-ZIP **ROTONDA WEST FL 33947**

☐ Change ☐ Addition
U00000870904
04/09/08-80111-004 150.00

TITLE ☐ Delete
NAME **FROOK, BRIAN K.**
STREET ADDRESS **9101 SW LIPE RD**
CITY-ST-ZIP **ARCADIA FL 34266**

☐ Change ☐ Addition

TITLE ☐ Delete
NAME **FROOK, KEVIN D.**
STREET ADDRESS **1180 EPPINGER DRIVE**
CITY-ST-ZIP **PORT CHARLOTTE FL 33953**

☐ Change ☐ Addition

TITLE ☐ Delete
NAME **DOVE, ARNOLD W**
STREET ADDRESS **4180 BLITZEN TERR.**
CITY-ST-ZIP **NORTH PORT FL 34287**

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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: *Kevin D Frook*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/08
Date

941-613-1974
Telephone Number