2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 16, 2007 8:00 am
Secretary of State
02-26-2007 90307 006 ****50.00

DOCUMENT # L04000006099

1. Entity Name
GILBERT CARPENTRY, LLC

30002616

1st MOORE CR2E083 (10/06)

Principal Place of Business	Mailing Address
1036 W. TALTON AVENUE DELAND FL 32720	1036 W. TALTON AVENUE DELAND FL 32720

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1036 Talton Ave.	1036 Talton Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DeLand Fla	City & State: DeLand Fla.
Zip: 32720 Country: Volusia	Zip: 32720 Country: Volusia

4. FEI Number 65-1214978 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GILBERT, EDDIE M 1036 W. TALTON AVENUE DELAND FL 32720	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 Eddie Gilbert
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GILBERT, EDDIE M 1036 W. TALTON AVENUE DELAND FL 32720	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Eddie Gilbert
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #