2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

ANNUAL REPORT DOCUMENT # L04000037858

1. Entity Name
J.P. CARPENTRY LLC

Mailing Address

2125 W. PIPKIN RD. LAKELAND, FL 33813 US

Principal Place of Business

2125 W. PIPKIN RD. LAKELAND, FL 33813 L FILED
Mar 07, 2007 08:00 AM
Secretary of State



DO NOT WRITE IN THIS SPACE

02012007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 30-8827679 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PURDY, JEFF 2125 W. PIPKIN RD. LAKELAND, FL 33813

DO NOT WRITE IN THIS SPACE

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 atte if applicable	(NOTE: Registered Agent signature required when reinstaling)	DATE
FI	ling Fee is \$50.00 ue by May 1, 2007		
9.	MANAGING MEMBERS/MANAGERS	<u> </u>	
TITLE NAME STREET ADDRESS CHY-ST-ZIP	MGRM PURDY, JEFF 2125 W. PIPKIN RD. LAKELAND, FL 33813		U00000658988
NAME STREET ADDRESS CITY-ST-ZIP			U00000658988 03/16/07-80011-001 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN '	THIS SPACE
TITLE NAME STREET ADDRESS			

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 epipowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

CHATLINE AND TYPED OR PRINCED NAME OF BIGHING MANAGING DEMBER, OR AUTHORIZED REPRESENTATIVE

3-1-01

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Daytime Phone #