

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 06, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # L23694**

1. Entity Name  
**SOUTH LAKE CARPENTRY, INC.**



Principal Place of Business  
**12651 NE 10TH AVENUE  
TRENTON, FL 32693 US**

Mailing Address  
**12651 NE 10TH AVENUE  
TRENTON, FL 32693 US**

**DO NOT WRITE IN THIS SPACE**



01132007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-2968841</b>	Applied For
	Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**DUKES, CHARLES E.  
12651 NE 10TH AVENUE  
TRENTON, FL 32693**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	DUKES, CHARLES E
STREET ADDRESS	12651 NE 10TH AVENUE
CITY-ST-ZIP	TRENTON, FL 32693

TITLE	S
NAME	DUKES, NANCY I.
STREET ADDRESS	12651 NE 10TH AVENUE
CITY-ST-ZIP	TRENTON, FL 32693

TITLE	S
NAME	HILBERT, LINDA N
STREET ADDRESS	8073 SIMONS ST
CITY-ST-ZIP	BROOKSVILLE, FL 34613

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/16/07-80040-006 158.75

**DO NOT WRITE  
IN THIS SPACE**

12. 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 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:**

*Charles E. Dukes*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-4-07 352-636 3210**

Date

Daytime Phone #