

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 22, 2008 08:00 AM  
Secretary of State

DOCUMENT # L23694

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



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2968841

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required (1)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 reinstating)

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

TITLE ☐ Change ☐ Addition  
NAME 000000914531  
STREET ADDRESS 05/08/08-80061-021 158.75  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Charles E. Dukes*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-08 352-490-7058

Date

Daytime Phone #