
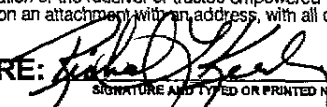


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 08, 2006 08:00 AM
Secretary of State**

DOCUMENT # L60320 1. Entity Name CARPENTERS OF CENTRAL FLORIDA INC.		
Principal Place of Business 797 SW 98 LANE OCALA, FL 34476 US	Mailing Address 797 SW 98 LANE OCALA, FL 34476 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent KEELING, RICHARD L 797 SW 98 LANE OCALA, FL 34476		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		5. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KEELING, RICHARD L 797 SW 98 LANE OCALA, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CUNNINGHAM, RICHARD 16251 SW 60TH PL OCALA, FL 34481	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GATINEAU, DAN 2 BAHIA COURT PL SILVER SPRINGS SHORES, FL 34472	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE 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 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:  Richard L. Keeling <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		2-03-06 352-237-1829 <small>Date Daytime Phone #</small>



02022006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3052952	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

U000000424842
02/18/06-80067-011 150.00

**DO NOT WRITE
IN THIS SPACE**