

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2005 8:00 am
Secretary of State

03-03-2005 90173 016 ****70.00

DOCUMENT # N04000008446 1. Entity Name THE CARPENTER'S WORKSHOP OF CRESTVIEW, INC.					
Principal Place of Business 541 NORTHERN DANCER DRIVE CRESTVIEW, FL 32539			Mailing Address 541 NORTHERN DANCER DRIVE CRESTVIEW, FL 32539		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LARSON, CLIFFORD F REV. 541 NORTHERN DANCER DRIVE CRESTVIEW, FL FL				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LARSON, CLIFFORD F REV		NAME		
STREET ADDRESS	541 NORTHERN DANCER DRIVE		STREET ADDRESS		
CITY-ST-ZIP	CRESTVIEW, FL 32539		CITY-ST-ZIP		
TITLE	SEC		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LARSON, WANDA L		NAME	FRANKLIN PGEA	
STREET ADDRESS	541 NORTHERN DANCER DRIVE		STREET ADDRESS	3204 LAWSON LN	
CITY-ST-ZIP	CRESTVIEW, FL 32539		CITY-ST-ZIP	BAKER, FL 32531	
TITLE	TRES		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CAMPBELL, WILL		NAME	ATKINSON, LESLIE	
STREET ADDRESS	2708 WEST JACKSON STREET		STREET ADDRESS	5752 SEMINOLE DR	
CITY-ST-ZIP	PENSACOLA, FL 32505		CITY-ST-ZIP	CRESTVIEW FL 32536	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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: <u>LESLIE E ATKINSON JR</u> 27 FEB 05 850 882-1323					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small>					
<small>Daytime Phone #</small>					

40025185



02182005 Chg-NP CR2E037 (10/03)

4. FEI Number **20-1676859** Applied For Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required