

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008446

FILED
Mar 30, 2007
Secretary of State

Entity Name: THE CARPENTER'S WORKSHOP OF CRESTVIEW, INC.

Current Principal Place of Business:

541 NORTHERN DANCER DRIVE
CRESTVIEW, FL 32539

New Principal Place of Business:

Current Mailing Address:

541 NORTHERN DANCER DRIVE
CRESTVIEW, FL 32539

New Mailing Address:

FEI Number: 20-1676859

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LARSON, CLIFFORD F REV.
541 NORTHERN DANCER DRIVE
CRESTVIEW, FL FL US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LARSON, CLIFFORD F REV
Address: 541 NORTHERN DANCER DRIVE
City-St-Zip: CRESTVIEW, FL 32539 US

Title: SEC () Delete
Name: PERRY, FRANKLIN D
Address: 8204 LAWSON LANE
City-St-Zip: BAKER, FL 32531 US

Title: TRES () Delete
Name: ATKINSON, LESLIE
Address: 5782 SEMINOLE DRIVE
City-St-Zip: CRESTVIEW, FL 32536 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ATKINSON LESLIE

TRES

03/30/2007

Electronic Signature of Signing Officer or Director

Date