

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000073003

1. Entity Name

MORIN CUSTOM CARPENTRY, INC.



Principal Place of Business

**3238 NW 23RD STREET
CAPE CORAL, FL 33993**

Mailing Address

**3238 NW 23RD STREET
CAPE CORAL, FL 33993**



01122005 No Chg-P CR2E034 (10/03)

4. FEI Number

65-1046724

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MORIN, MARK L
3238 NW 23RD STREET
CAPE CORAL, FL 33993**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

**9. Election Campaign Financing
Trust Fund Contribution** ☐

**\$5.00 May Be
Added to Fees**

**U00000182636
01/19/05-80035-023 150.00**

10. OFFICERS AND DIRECTORS

**TITLE P
NAME MORIN, MARK
STREET ADDRESS 3238 NW 23RD ST.
CITY-ST-ZIP CAPE CORAL, FL 33993**

**TITLE VP
NAME MORIN, PAMELA
STREET ADDRESS 3238 NW 23RD STREET
CITY-ST-ZIP CAPE CORAL, FL 33993**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Pamela Morin VP **PAMELA MORIN**

1-12-05 (239) 282-9523

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #