

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90047 027 ***150.00

DOCUMENT # P00000084393

1. Entity Name

GEM CARPENTRY, INC.



Principal Place of Business

22 MORENO POINT ROAD UNIT 3
DESTIN FL 32541

Mailing Address

22 MORENO POINT ROAD UNIT 3
DESTIN FL 32541

2. Principal Place of Business

450 S. Geronimo #103

3. Mailing Address

450 S. Geronimo

Suite, Apt. #, etc.

Destin, FL

Suite, Apt. #, etc.

#103

City & State

City & State

Destin, FL

Zip

32550

Country

USA

Zip

32550

Country

USA



MOORE

CR2E034 (11/03)

4. FEI Number

62-1832701

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCINNIS, C. JEFFREY
909 MAR WALT DRIVE STE 1014
FORT WALTON BEACH FL 32547

7. Name and Address of New Registered Agent

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)

3/4/04
DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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

TITLE	P	<input type="checkbox"/> Delete
NAME	TIMBLIN, MICHAEL W	
STREET ADDRESS	22 MORENO POINT ROAD UNIT 3	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	TS	<input type="checkbox"/> Delete
NAME	TIMBLIN, KELLI J	
STREET ADDRESS	22 MORENO POINT RD., UNIT 3	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	V	<input type="checkbox"/> Delete
NAME	YOUNKIN, SEAN	
STREET ADDRESS	208-K SE THIRD ST	
CITY-ST-ZIP	FORT WALTON BEACH FL 32548	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Timblin, Michael W	
STREET ADDRESS	450 S. Geronimo #103	
CITY-ST-ZIP	Destin, FL 32550	
TITLE	TS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Timblin, Kelli J	
STREET ADDRESS	450 S. Geronimo #103	
CITY-ST-ZIP	Destin, FL 32550	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/04 850-685-5060
Date Daytime Phone #