2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOGJMENT # P0000091583 1. Entity Name NELSON CARPENTRY INC.					Feb 02, 2005 08:00 AM Secretary of State
Principal Plac	e of Business	Mailing Address			
1104 SW 8T	н ст.	1104 SW 8TH CT			
CAPE CORA	AL FL 33991	CAPE CORAL FL	. 33991	:	
2 Principal P	Place of Business	3. Mailing Address			
z. Principai r	race or business	5. Mailing Address			``````````````````````````````````````
Suite, Apt #, etc.		Suite, Apt #, etc.	Suite, Apt #, etc.		1st MOORE CR2E034 (10/04)
City & State	re .	City & State	· · · · · · · · · · · · · · · · · · ·		4. FEI Number 65-1041053 Applied For
Zip	Country	Zip	Cour	ntry	\$9.75 Additional
					5. Certificate of Status Desired Fee Required
6. Name and Address of Current Registered Agent				Name	7. Name and Address of New Registered Agent
135	JTHWEST PROF. SEF 71 MCGREGOR BLVI MYERS FL 33919	RVICES OF FT. MYERS,)., #22	INC.	Street Address (P.O. Box Number is Not Acceptable)
	WITE 113 1 E 333 13				
				City	FL Zip Code
	named entity submits this stations of registered agent.	tement for the purpose of chang	ing its registe	red office or register	red agent, or both, in the State of Florida. I am familiar with, and acce
_					·····
SIGNATURÉ.	Signature, typed or printed name of regi	stered agent and title if applicable	[NOTE Register	ed Agent signature required	when reinstating) DATE
After	ILE NOW!!! FEE IS \$15 May 1, 2005 Fee Will Be k Payable to Florida Depai	\$550.00			9. Election Campaign Financing \$5.00 May 8 Trust Fund Contribution. Added to Fees
10.		ERS AND DIRECTORS	11.	·	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME	PTSD NELSON, JOHN ERIC	☐ Delete	NAN NAN	i	☐ Change ☐ Aiidiî
	1104 SW 8TH CT			REET ADDRESS	000000510350
CITY-ST-ZIP	CAPE CORAL FL 33991	···-		Y-ST-ZIP	02/02/05-80101-005 150.00
TITLE NAME		☐ Delete	TITI NAM	1	☐ Change ☐ Aiddi
CHASET ADDRESS			STR	EET ADDRESS	
DILLE				Y-ST-ZIP	Chara Car
NAME		L_J Delete	TITI NAN	į	☐ Change ☐ Aidill
STREET ADDRESS CITY-ST-ZIP	·			PERT ADDRESS TO	The same of the sa
THE		□ Delete			☐ Change ☐ Addil
NAME			NAM	NF	
GIREET ADDRESS CITY-ST-ZIP				Y-ST-ZIP	
HTCF		Delete			☐ Change ☐ Aikiii
NAME SUREET ADDRESS			NAM CXV		
CITY-ST-ZIP				REET ADDRESS Y-ST-ZIP	
TITLE		☐ Delete			☐ Change ′ ☐ Addit
NAME STREET ADDRESS			NAM SIR	AF REET ADDRESS	
CITY-ST-ZIP				Y-SI-ZIP	
12. I hereby a indicated of the cor changed	certify that the information sup lon this report or supplement rporation or the receiver or tru or on an attachment with an	plied with this filling does not thus all report is true and accordate and stee empowered to execute this address, with all other like empower	elify for the exe I that my signate report as requivered.	ature shall have the ifred by Chapter 607	action 119.07(3)(I), Florida Statutes. I fürther certify that the information same legal effect as if made under oath, that I am an officer or director, Florida Statutes; and that my name appears in Block 10 or Block 11

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

EH ED