2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000092231

1. Entity Name

ALLEN CUSTOM CARPENTRY INC.



FILED Jan 27, 2006 08:00 AN Secretary of State

Principal Place of Business

2825 53RD ST. S. GULFPORT, FL 33707

Mailing Address

2825 53RD ST. S. GULFPORT, FL 33707



DO NOT WRITE IN THIS SPACE

01202006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3672164

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALLEN, KELLY 2825 53RD ST. S. GULFPORT, FL 33707

DO NOT WRITE IN THIS SPACE

GOLFFORT, FL 33707			IN THIS SPACE		
	named entity submits this statement for the pions of registered agent.	ourpose of changing its registere	d office or registered agent, or b	oth, in the State of Florida. I am familiar with, and acc	ept
SIGNATURE_	Signature, typed or printed name of registered agent and fille	if applicable. (NOTÉ: Registered	Ágent signatűre required when felhátating)	DATE	, cs
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		Election Campaign Financ Trust Fund Contribution.	cing \$5.00 May Be ☐ Added to Fees	U00000403113 02/03/06-80034-025 150.00	.
10. OFFICERS AND DIRECTORS					- 1
TITLE	PD		MALE -	***	
NAME	ALLEN, KELLY				
STREET ADDRESS	2825 53RD ST. S.				
CITY-ST-ZIP	GULFPORT, FL 33707				
TITLE		- , - ,		•	
NAME					
STREET ADDRESS					
CITY-ST-ZIP			ı		
TITLE			-		٠.
NAME					
STREET ADDRESS			D0	NOT WOITE	
CITY-ST-ZIP			טע	NOT WRITE	
TITLE			INI	THIS SPACE	
NAME			114	I IIIO OFACE	
STREET ADDRESS					
GITY-ST-ZIP					
TITLE		, , , , , , , , , , , , , , , , , , ,			
NAME					
STREET ADDRESS					
GITY-ST-ZIP					
TITLE			· · · · · · · · · · · · · · · · · · ·		
NAME					
STREET ADORESS					
CITY-ST-ZIP					
	certify that the information supplied with this fi	iling does not qualify for the exe	motions contained in Chanter 11	19. Florida Statutes. I further certify that the information	
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under path; that I am an officer or director					

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:

THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-06

Daytime Phone #