



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2008 8:00 am
Secretary of State

06-02-2008 90001 034 ***150.00

DOCUMENT # P00000096001			
1. Entity Name CSB CARPENTRY, INC.			
Principal Place of Business 16006 CRYINGWIND DR. TAMPA, FL 33624-6816		Mailing Address 16006 CRYINGWIND DR. TAMPA, FL 33624-6816	
2. Principal Place of Business - No P.O. Box # 1603 S. HWY 39		3. Mailing Address Suite, Apt. #, etc.	
City & State LITHIA, FL		City & State	
Zip 33547	Country USA	Zip	Country
6. Name and Address of Current Registered Agent BURNWORTH, CHARLES S 16006 CRYINGWIND DR. TAMPA, FL 33624-6816		7. Name and Address of New Registered Agent Name Carla Sheppard Street Address (P.O. Box Number is Not Acceptable) 16037 S. Hwy 39 City Lithia FL Zip Code 33547	
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 <u>Charles S. Burnworth</u> DATE <u>5/9/08</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when constituting)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BURNWORTH, CHARLES S 16006 CRYINGWIND DR. TAMPA, FL 336246816 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHEPPARD, CARLA R 16037 S HY 39 LITHIA, FL 33547 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.T.S. Sheppard, Carla R. 16037 S Hy 39 Lithia, FL 33547 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing 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 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.		 Sworn to before me this 12th day of May 2008. <u>Loreena Schaefer</u> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
SIGNATURE: <u>Carla Sheppard</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE: <u>5-12-08</u> <small>Date</small>	