

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000106217

1. Entity Name  
DAVID CARPENTRY INC.



**FILED**  
**Apr 27, 2005 08:00 AM**  
**Secretary of State**

Principal Place of Business  
9900 N.W. 80TH AVENUE  
BAY 4F  
HIALEAH GARDENS, FL 33016

Mailing Address  
9900 N.W. 80TH AVENUE  
BAY 4F  
HIALEAH GARDENS, FL 33016



02242005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-1054792

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

LOPEZ, DAVID  
9900 N.W. 80TH AVENUE  
BAY 4F  
HIALEAH GARDENS, FL 33016

**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 reinstating) 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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LOPEZ, DAVID 9900 N.W. 80TH AVENUE BAY 4F HIALEAH GARDENS, FL 33016
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000000335892  
04/27/05-80104-007 150.00

**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)(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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/05

Date Daytime Phone #