


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 30, 2006 8:00 am**  
**Secretary of State**

03-30-2006 90020 050 \*\*\*150.00

<b>DOCUMENT # P01000003245</b>	
1. Entity Name <b>MICHAEL PFEIFFER CARPENTRY, INC.</b>	

Principal Place of Business <b>31 PLEASANT HILL LANE TAMARAC, FL 33319</b>	Mailing Address <b>31 PLEASANT HILL LANE TAMARAC, FL 33319</b>
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**40041651**



2. Principal Place of Business <b>8220 SW 9TH PLACE</b> Suite, Apt. #, etc.	3. Mailing Address <b>8220 SW 9TH PLACE</b> Suite, Apt. #, etc.
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03232006 Chg-P CR2E034 (11/05)

City & State <b>NORTH LAUDERDALE, FL</b>	City & State <b>NORTH LAUDERDALE, FL</b>
Zip <b>33068</b>	Country <b>USA</b>

4. FEI Number <b>65-1066621</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>NOFIL, JOSEPH K PA 3284 NORTH STATE ROAD 7 LAUDERDALE LAKES, FL 33319</b>	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b> Zip Code	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$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	<b>PTSD PFEIFFER, MICHAEL <del>31 PLEASANT HILL LANE</del> <del>TAMARAC, FL 33319</del></b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>8220 SW 9TH PLACE NORTH LAUDERDALE, FL 33068</b> <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
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 titles empowered.

SIGNATURE: Michael Pfeiffer President. 3/24/06 (754) 368-0249.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #