2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

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Apr 07, 2004 08:00 AM Secretary of State **DOCUMENT # P01000017909** 1. Entity Name SHAREHOLDERS' CARPENTRY SERVICES, INC. Principal Place of Business. Mailing Address 2273 BUCKSTIN DR 2273 BUCKSTIN DR ENGLEWOOD, FL 34223 ENGLEWOOD, FL 34223 01282004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number 65-1079026 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CLARK, MELVIN E DO NOT WRITE 2273 BUCKSKIN DR ENGLEWOOD, FL 34223 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 roinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees U00000106062 407,404-80051-013 OFFICERS AND DIRECTORS 10. TITLE NAME CLARK, MELVIN E STREET ADDRESS 2273 BUCKSKIN DR CITY-ST-ZIP ENGLEWOOD, FL 34223 TITLE NAME STREET ADDRESS CITY-ST-ZIP TOUR NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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