2004 FOR PROFIT CORPORATION ANNUAL REPORT

STREET ADDRESS CITY-ST-ZIP

Jan 28, 2004 08:00 AM Secretary of State DOCUMENT # P01000031565 1. Entity Name AMERICAN CARPENTRY INC. Principal Place of Business Mailing Address 27207 RIO VISTA CIRCLE 27207 RIO VISTA CIRCLE BONITA SPRINGS, FL 34135 BONITA SPRINGS, FL 34135 No Chg-P CR2E034 (10/03) 01132004 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 36-4442609 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent WATTMAN, JAMES J DO NOT WRITE 27207 RIO VISTA CIRCLE BONITA SPRINGS, FL 34135 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. (NOTE, Registered Agent signature required when reinstating) 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 OFFICERS AND DIRECTORS 10. PSTD TELLE NAME WATTMAN, JAMES H 27207 RIO VISTA CIRCLE STREET ADDRESS CSY-ST-7IP BONITA SPRINGS, FL 34135 (100000019533 01/29/04-80029-001 150.00 337LE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TIRLE NAME STREET ADDRESS CITY-ST-ZIP TREE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

**FILED** 

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:

Description of 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 the chapter of the receiver or trustee empowered.

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SIGNATURE:

Description of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes, I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes, I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes, I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes, I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes, I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes, I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes, I further certify that the information indicated in Section 119.07(