

**2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 04, 2006 8:00 am**  
**Secretary of State**

04-04-2006 90043 005 \*\*\*150.00



**DOCUMENT # P01000032048**  
 1. Entity Name  
**CARPENTRY & RENOVATIONS OF SARASOTA BAY, INC.**

Principal Place of Business      Mailing Address  
 P.O. BOX 10646      P.O. BOX 10646  
 BRADENTON FL 34282-0646      BRADENTON FL 34282-0646



2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country

1st MOORE      CR2E034 (10/05)

4. FEI Number **65-1091468**      Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
 6. Name and Address of Current Registered Agent  
**ATKINS, JAMES L**  
**1103 60TH AVE TERR W**  
**BRADENTON FL 34207**  
 7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00.**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**  
 9. Election Campaign Financing  **\$5.00** May Be Added to Fees  
 Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO ATKINS, JAMES L 1103 60TH AVE TERR W BRADENTON FL 34207 <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	VP VANZANT, CHRISTOPHER L 3017 13TH AVE W BRADENTON FL 34205 <input checked="" type="checkbox"/> Delete <i>(LEFT BUSINESS)</i>	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
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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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE: *James L Atkins* **JAMES L ATKINS PRES/CEO 3-28-06 504-4490**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #