P01000046735

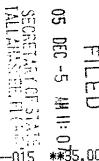
(Reque	stor's Name)			
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PICK-UP	WAIT	MAIL		
(Busine	ss Entity Nar	me)		
(Docum	nent Number)			
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Rochange T. lewis



11/10/05-01015-015 **35.00

COVER LETTER

	ment Section n of Corporations				
SUBJECT: C	Clay Owens Carpentry, Incorp (Name of Cor	porated			
DOCUMENT NUMBER: P01000046735					
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
	Shelly Owens (Name of Conta	act Person)			
	Clay Owens Carpentry, Incor	porated pany)			
536 Peachtree St(Address)					
	Cocoa, FL 32922 (City/State and	Zip Code)			
For further info	rmation concerning this matter, please cal	1:			
Shelly Owen	S (Name of Contact Person)	at (321) 632-5201 (Area Code & Daytime Telephone Number)			
Enclosed is a \$35.00 check made payable to the Department of State.					
•	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

November 16, 2005

SHELLY OWENS CLAY OWENS CARPENTRY, INC. 536 PEACHTREE ST. COCOA, FL 32922

SUBJECT: CLAY OWENS CARPENTRY, INC.

Ref. Number: P01000046735

We have received your document for CLAY OWENS CARPENTRY, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 605A00067931

05 DEC -5 AH 8: 00

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

•	-	7.0502, 607.1508, or 617.1508, Florida	
		organized under the laws of the State of _ registered agent, or both, in the <u>S</u> tate of I	
			0
1. The name of	the corporation: Clay Owens Car	pentry, Incorporated	<u> </u>
2. The principal	office address: 536 Peachtree S	St	
Cocoa, FL	32922		一流 法
3. The mailing a	ddress (if different): PO Box 236	995	मिंद्र है।
Cocoa, FL	32923-6995		75 =
4. Date of incorp	poration/qualification: May 1, 20	Document number: P01000	0046735
	d street address of the current register trnent of State:	ered agent and registered office on file wi	ith the
	Clay Owens Carpentry, I	ncorporated Clayton S	Owens
	6780 Benson Ave		
	Cocoa, FL 32927		_
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):			
	Clay Owens Carpentry,	Incorporated Clayton S	Owens
	536 Peachtree St		
	(P.O. Box NOT acc	ceptable)	_
	Cocoa, FL 32922		
The street address changed will	ess of its registered office and the be identical.	street address of the business office of i	ts registered agent,
Such change was authorized by the	as authorized by resolution duly a ne board, or the corporation has be	dopted by its board of directors or by are notified in writing of the change.	officer so
Shell	Durcus us of an officer or director)	Shelly Owens	- Max
I hereby accept I further agree of my duties, an document is be corporation ha	<i>(</i>)	(Printed or typed name and ent and agree to act in this capacity. It statutes relative to the proper and content of my position as registered in the registered office address, I here hange.	,
Mark	ly Owens	11/04/05	
(Si	grafture of Registered Agent)	(Date)	
If signing on be	chalf of an entity:		
	Typed or Printed Name)	-	-
,	**		

Make Checks Payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (8/05)

* * * FILING FEE: \$35.00 * * *