


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 07, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000057711					
1. Entity Name CPR CARPENTRY INC.					
Principal Place of Business 255 S TROPICAL TRAIL A-1 MERRITT ISLAND FL 32952			Mailing Address 255 S TROPICAL TRAIL A-1 MERRITT ISLAND FL 32952		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc			Suite, Apt. #, etc		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3723512	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent OWENS, CAL B 255 S TROPICAL TRAIL A-1 MERRITT ISLAND FL 32952				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	OWENS, CAL B		NAME		
STREET ADDRESS	255 S TROPICAL TRAIL A-1		STREET ADDRESS		
CITY-ST-ZIP	MERRITT ISLAND FL 32952		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	OWENS, CHARLES T		NAME		
STREET ADDRESS	1232 LEMON TREE LN		STREET ADDRESS		
CITY-ST-ZIP	ROCKLEDGE FL 32955		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BOOGAERTS, PAUL		NAME		
STREET ADDRESS	6983 ASH DR		STREET ADDRESS		
CITY-ST-ZIP	COCOA FL 32926		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		



MOORE CR2E034 (11/03)

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: Charles T. Owens 2/4/04 321-302-6690
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone *