

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 16, 2005 8:00 am**  
**Secretary of State**

02-16-2005 90044 040 \*\*\*150.00

DOCUMENT # P01000057711

1. Entity Name  
CPR CARPENTRY INC.



Principal Place of Business  
255 S TROPICAL TRAIL A-T  
MERRITT ISLAND, FL 32952

Mailing Address  
255 S TROPICAL TRAIL A-T  
MERRITT ISLAND, FL 32952

1232 LEMON TREE LN ROCKLEDGE FL 32955

**50016260**



01312005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3723512

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

OWENS, CAL B  
255 S TROPICAL TRAIL A-T 74 N GRANDVIEW CIRCLE  
MERRITT ISLAND, FL 32952 COCOA, FL 32922

**DO NOT WRITE  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! - FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing **\$5.00** May Be  
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D  
NAME OWENS, CAL B  
STREET ADDRESS 255 S TROPICAL TRAIL A-T 74 N GRANDVIEW CIRCLE  
CITY-ST-ZIP MERRITT ISLAND, FL 32952 COCOA FL 32922

TITLE D  
NAME OWENS, CHARLES T  
STREET ADDRESS 1232 LEMON TREE LN  
CITY-ST-ZIP ROCKLEDGE, FL 32955

TITLE D  
NAME BOOGAERTS, PAUL  
STREET ADDRESS 6982 ASH DR  
CITY-ST-ZIP COCOA, FL 32926

TITLE D  
NAME BOOGAERTS, RICHARD  
STREET ADDRESS 4230 HARTVILLE AVE  
CITY-ST-ZIP COCOA FL 32926

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 Owens  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-05

Date Daytime Phone #