

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P01000057711

Entity Name: CPR CARPENTRY INC.

FILED
Apr 17, 2005
Secretary of State

Current Principal Place of Business:

1232 LEMON TREE LN
ROCKLEDGE, FL 32955

New Principal Place of Business:

Current Mailing Address:

1232 LEMON TREE LN
ROCKLEDGE, FL 32955

New Mailing Address:

FEI Number: 59-3723512

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

OWENS, CAL B
74 N GRANDVIEW CIRCLE
COCOA, FL 32922 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: OWENS, CAL B
Address: 74 N GRANDVIEW CIRCLE
City-St-Zip: COCOA, FL 32922

Title: D () Delete
Name: OWENS, CHARLES T
Address: 1232 LEMON TREE LN
City-St-Zip: ROCKLEDGE, FL 32955

Title: D (X) Delete
Name: BOOGAERTS, RICHARD
Address: 4230 HARTIVILLE AVE
City-St-Zip: COCOA, FL 32926

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAL B. OWENS

D

04/17/2005

Electronic Signature of Signing Officer or Director

Date