## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000057711

**Entity Name: CPR CARPENTRY INC.** 

**FILED** Jul 02, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1232 LEMON TREE LN ROCKLEDGE, FL 32955 **Current Mailing Address: New Mailing Address:** 1232 LEMON TREE LN ROCKLEDGE, FL 32955 FEI Number: 59-3723512 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: OWENS, CAL B 74 N GRANDVIEW CIRCLE COCOA, FL 32922 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 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete () Change () Addition OWENS, CAL B Name: Name: 74 N GRANDVIEW CIRCLE Address: Address: City-St-Zip: COCOA, FL 32922 City-St-Zip: Title: () Delete Title: () Change () Addition Name: OWENS, CHARLES T Name: 1232 LEMON TREE LN Address: Address: ROCKLEDGE, FL 32955 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 07/02/2007 D