

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90330 029 ***158.75

DOCUMENT # P0100090059

1. Entity Name

INTERIOR CARPENTRY SERVICE, INC.



Principal Place of Business

5705 SOUTH EAST 2ND AVE.
KEYSTONE HEIGHTS FL 32656

Mailing Address

5705 SOUTH EAST 2ND AVE.
KEYSTONE HEIGHTS FL 32656



2. Principal Place of Business

2672 Westport Dr
Green Cove Springs FL 32043
Suite, Apt. #, etc.

3. Mailing Address

2672 Westport Dr
Green Cove Springs FL 32043
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/04)

City & State

Green Cove Springs

City & State

Green Cove Springs

4. FEI Number

59-3746675

Applied For

Not Applicable

Zip

32043

Country

Clay

Zip

32043

Country

Clay

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PRIEST, DONALD C JR.
5705 SOUTH EAST 2ND AVE.
KEYSTONE HEIGHTS FL 32656

7. Name and Address of New Registered Agent

Name Priest, Donald C Jr.

Street Address (P.O. Box Number is Not Acceptable)

2672 Westport Drive

City

Green Cove Springs

FL

Zip Code

32043

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PTD ☐ Delete
NAME PRIEST, DONALD C JR.
STREET ADDRESS 5705 SOUTH EAST 2ND AVE.
CITY-ST-ZIP KEYSTONE HEIGHTS FL 32656

TITLE VSD ☐ Delete
NAME PRIEST, PATRICIA T
STREET ADDRESS 5705 SOUTH EAST 2ND AVE.
CITY-ST-ZIP KEYSTONE HEIGHTS FL 32656

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Donald C. Priest Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/05

Date

904-966-7111

Daytime Phone #