

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2004 8:00 am
Secretary of State

05-07-2004 90120 038 ***150.00

DOCUMENT # P02000034077

1. Entity Name
CAMPBELL CARPENTRY & TRIM, INC.



Principal Place of Business
**1307 CREPE MYRTLE LANE
PORT ORANGE, FL 32128**

Mailing Address
**1307 CREPE MYRTLE LANE
PORT ORANGE, FL 32128**

24072813



2. Principal Place of Business

1645 Dunlawton Ave

Suite, Apt. #, etc.

#3014

3. Mailing Address

1645 Dunlawton Ave

Suite, Apt. #, etc.

#3014

04142004

Chg-P

CR2E034 (10/03)

City & State

Port Orange FL

City & State

Port Orange FL

4. FEI Number

68-0500572

Applied For

Not Applicable

Zip

32127

Country

Volusia

Zip

32127

Country

Volusia

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAMPBELL, DIONISIO
1307 CREPE MYRTLE LANE
PORT ORANGE, FL 32128
1645 Dunlawton Ave
#3014
Port Orange, FL
32127

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

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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	CAMPBELL, DIONISIO	
STREET ADDRESS	1307 CREPE MYRTLE LANE	
CITY-ST-ZIP	PORT ORANGE, FL 32128	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4/17/04 X 386 547-5553

Date

Daytime Phone #

CAMPBELL

Form **7004**

· (Rev. September 2003)

Department of the Treasury
Internal Revenue Service

Application for Automatic Extension of Time To File Corporation Income Tax Return

Attachment
34072813
P02000634077
OMB No. 1545-0233

OMB No. 1545-0233

CAMPBELL CARPENTRY & TRIM, INC. 1645 DUNLAWTON AVE., APT. NO. 3014 PORT ORANGE, FL 32127		Employer identification number
		68-0500572

Check type of return to be filed:

<input type="checkbox"/>	Form 990-C	<input type="checkbox"/>	Form 1120-FSC	<input type="checkbox"/>	Form 1120-PC	<input checked="" type="checkbox"/>	Form 1120S
<input type="checkbox"/>	Form 1120	<input type="checkbox"/>	Form 1120-H	<input type="checkbox"/>	Form 1120-POL	<input type="checkbox"/>	Form 1120-SF
<input type="checkbox"/>	Form 1120-A	<input type="checkbox"/>	Form 1120-L	<input type="checkbox"/>	Form 1120-REIT		
<input type="checkbox"/>	Form 1120-E	<input type="checkbox"/>	Form 1120-ND	<input type="checkbox"/>	Form 1120-RIC		

• Form 1120-F filers: Check here if the foreign corporation does not maintain an office or place of business in the United States

1 Request for Automatic Extension (see instructions)

a **Extension date.** I request an automatic 6-month (or, for certain corporations, 3-month) extension of time until Sep 15, 20 04, to file the income tax return of the corporation named above for ☒ calendar year 20 03 or ☐ tax year beginning _____, 20 _____, and ending _____, 20 _____.

b **Short tax year.** If this tax year is for less than 12 months, check reason:

<input type="checkbox"/> Initial return	<input type="checkbox"/> Final return	<input type="checkbox"/> Change in accounting period	<input type="checkbox"/> Consolidated return to be filed
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2 Members of an affiliated group of corporations filing a consolidated return (consolidated group) (see instructions)

[illegible]

COPI

numeral - 150.00
written - 100.00

3	Tentative tax (see instructions)		3
4	Payments and refundable credits: (see instructions)		
a	Overpayment credited from prior year	4a	
b	Estimated tax payments for the tax year	4b	
c	Less refund for the tax year applied for on Form 4466	4c	()
		Bal	▶
		4d	
e	Credit for tax paid on undistributed capital gains (Form 2439)	4e	
f	Credit for Federal tax on fuels (Form 4136)	4f	
5	Total. Add lines 4d through 4f (see instructions)		5
6	Balance due. Subtract line 5 from line 3. Deposit this amount using the Electronic Federal Tax Payment System (EFTPS) or with a Federal Tax Deposit (FTD) Coupon (see instructions)		6

Signature. Under penalties of perjury, I declare that I have been authorized by the above-named corporation to make this application, and to the best of my knowledge and belief, the statements made are true, correct, and complete.

James G. Hammar
(Signature of officer or agent)

CPA

03/12/04
(Date)

For Paperwork Reduction Act Notice, see Instructions.
U1A 370041

Form 7004 (Rev. 8-2003)

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