2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2004 8:00 am
Secretary of State
01-15-2004 90009 047 ***150.00

DOCUMENT # P02000050734

1. Entity Name
ANDREW DANIELS CUSTOM CARPENTRY, INC.

Principal Place of Business	Mailing Address
1318 FLAMINGO BLVD. PORT CHARLOTTE, FL 33953	1318 FLAMINGO BLVD. PORT CHARLOTTE, FL 33953

01082004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
316 Center Rd	316 Center Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Venice, FL	City & State: Venice, FL
Zip: 34285 Country: USA	Zip: 34285 Country: USA

4. FEI Number 74-3043223 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

O'BRIEN, SUSAN M
5777 BENEVA ROAD SOUTH
SARASOTA, FL 34233

7. Name and Address of New Registered Agent

Name: Andrew R. Daniels
Street Address (P.O. Box Number is Not Acceptable): 316 Center Rd
City: Venice FL Zip Code: 34285

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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD DANIELS, ANDREW R 1318 FLAMINGO BLVD. PORT CHARLOTTE, FL 33953	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	316 Center Rd. Venice, FL 34285	☒ Change ☐ Addition
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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: [signature] 1-8-04 941-743-2126
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #