

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 1318 FLAMINGO BLVD. PORT CHARLOTTE, FL 33953	Mailing Address 1318 FLAMINGO BLVD. PORT CHARLOTTE, FL 33953
---	---

2. Principal Place of Business 316 Center Rd Suite, Apt. #, etc.	3. Mailing Address 316 Center Rd Suite, Apt. #, etc.
---	---

City & State Venice, FL	City & State Venice, FL
Zip 34285	Country USA



01082004 Chg-P CR2E034 (10/03)

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

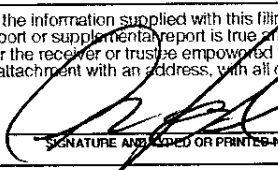
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when re-registering)	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		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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 1-8-04	Daytime Phone # 941-743-2126
--	---	-----------------------	--