## 2006 FOR PROFIT CORPORATION

## FILED Mar 20, 2006 8:00 am **ANNUAL REPORT Secretary of State** DOCUMENT # P02000050734 03-20-2006 90009 001 \*\*\*150.00 ANDREW DANIELS CUSTOM CARPENTRY, INC. Principal Place of Business Mailing Address 1566 SHAKER LANE 1566 SHAKER LANE NORTH PORT, FL 34287 NORTH PORT, FL 34287 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03122006 Chg-P CR2E034 (11/05) City & State Applied For City & State . \_ 4. FEI Number 74-3043223 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DANIELS, ANDREW R Street Address (P.O. Box Number is Not Acceptable) 316 CENTER RD. VENICE, FL 34285 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 obligation of the state of the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. **PSTD** Addition ☐ Delete TITLE ☐ Change TITLE DANIELS, ANDREW R NAME NAME STREET ADDRESS STREET ADDRESS 315 CENTER RD. CITY-ST-ZIP VENICE, FL 34285 CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter on an attachment with all other compowered. changed, or on an attachment with empowered

CITY-ST-7IP

SIGNATURE:

CITY-ST-ZIP

CHATURE AND DED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone 4