

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90216 022 ***150.00

DOCUMENT # P02000063554

1. Entity Name
J.C.A. CARPENTRY, INC.



Jeff Herrmann
 JCA Carpentry
 1759 Manasota Beach Rd.
 Englewood, FL 34223

Jeff Herrmann
 JCA Carpentry
 1759 Manasota Beach Rd.
 Englewood, FL 34223

50014229



2. Principal Place of Business		3. Mailing Address <i>1759 Manasota Beach Rd</i>		03202006 Chg-P CR2E034 (11/05)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 01-0701866	
City & State		City & State <i>Englewood FL</i>		Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip <i>34223</i>	Country <i>FLORIDA</i>	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
Jeff Herrmann JCA Carpentry 1759 Manasota Beach Rd. Englewood, FL 34223			Name		
			Street Address (P.O. Box Number is Not Acceptable) <i>1759 Manasota Beach Rd</i>		
			City <i>Englewood</i>	State FL	Zip Code <i>34223</i>

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

<p>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</p>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HERRMAN, JEFFERY A <i>change</i> <input type="checkbox"/> Delete 15443 HILLS BOUROUGH BLVD. <i>ADDRESS</i> PORT CHARLOTTE, FL 33954	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>1759 Manasota Beach Rd</i> Englewood, FL 34223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Herrman, Jeffrey A 1759 Manasota Beach Rd Englewood 34223	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing 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 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: *Jeffery A Herrmann*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #