


**2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 06, 2008 8:00 am**  
**Secretary of State**

05-06-2008 90030 019 \*\*\*150.00


**DOCUMENT # P02000063554**  
 1. Entity Name  
**J.C.A. CARPENTRY, INC.**



Principal Place of Business      Mailing Address  
**635 DEVON RD**      **635 DEVON RD**  
**VENICE FL 34293**      **VENICE FL 34293**  
**US**      **US**

2. Principal Place of Business - No. P.O. Box #      3. Mailing Address  
**635 Devon Rd**      Suite, Apt. #, etc.  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**Venice FL**      **FF**  
 Zip      Country      Zip      Country  
**34293**      **US**



1st MOORE      CR2E034 (10/07)

6. Name and Address of Current Registered Agent  
**HERRMANN, JEFFREY A**  
**1769 MANASOTA BEACH ROAD**  
**ENGLEWOOD FL 34229**

4. FEI Number      Applied For  
**01-0701866**      Not Applicable

7. Name and Address of New Registered Agent  
 Name **Jeffrey A. Herrmann**  
 Street Address (P.O. Box Number is Not Acceptable)  
**635 Devon Rd**  
 City **Venice**      State **FL**      Zip Code **34293**

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 state if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing      \$5.00 May Be  
 Trust Fund Contribution.            Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERRMAN, JEFFERY A	NAME	
STREET ADDRESS	635 DEVON RD	STREET ADDRESS	
CITY-ST-ZIP	VENICE FL 34293	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Jeffrey A. Herrmann      Date \_\_\_\_\_      Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR