## 2006 FOR PROFIT CORPORATION

## FILED Mar 02, 2006 08:00 A **ANNUAL REPORT Secretary of State** DOCUMENT # P02000066128 SAUNDERS FINISH CARPENTRY, INC. Mailing Address Principal Place of Business 3511 W STATE RD 16 3511 W STATE RD 16 PENNEY FARMS, FL 32079 PENNEY FARMS, FL 32079 No Chg-P CR2E034 (11/05) 02232006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 04-3695270 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SAUNDERS, KAREY D DO NOT WRITE 3511 W STATE RD 16 PENNEY FARMS, FL 32079 IN THIS SPACE 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, 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 1\$ \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME SAUNDERS, KAREY D 3511 W STATE RD 16 STREET ADDRESS PENNEY FARMS, FL 32079 CITY-ST-7IP 400000453666 TITLE 03/14/06-80032-002 150.00 NAME STREET ADDRESS CITY-ST-ZIP TOLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 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:

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-SI-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR