


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90195 024 ***150.00

DOCUMENT # P02000074433		
1. Entity Name QUALITY CARPENTRY SERVICES, INC.		

40069555

Principal Place of Business 5641 ATLANTA STREET HOLLYWOOD, FL 33021 US	Mailing Address 5641 ATLANTA STREET HOLLYWOOD, FL 33021 US
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2. Principal Place of Business - No P.O. Box # 3282 S.W. Escarole St.	3. Mailing Address 3282 S.W. Escarole St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

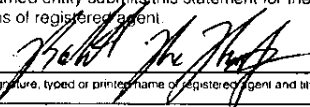
04162007 Chg-P CR2E034 (12/06)

City & State Port St. Lucie FL	City & State Port St. Lucie FL	4. FEI Number 06-1642572	Applied For Not Applicable
Zip 34953	Country USA	Zip 34953	Country USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent YOUNG, ROBERT 124 S FEDERAL HWY DANIA BEACH, FL 33004		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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.

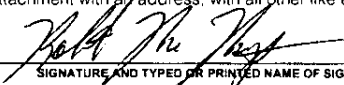
SIGNATURE  DATE 4-16-07

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	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	PVTS MCNAUGHTON, ROBERT 20 NE 1ST LANE DANIA BEACH, FL 33004 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	mcNaughton, Robert <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3282 S.W. Escarole St. Port St. Lucie, FL 34953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCNAUGHTON, ROBERT 20 NE 1ST LANE DANIA BEACH, FL 33004 <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
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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:  DATE 4-16-07 (954) 445-6975

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR