## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **Secretary of State** DOCUMENT # P02000100710 01-20-2005 90039 028 \*\*\*150.00 CARPENTRY CONSULTANT SERVICES, INC. Principal Place of Business Mailing Address 5520 23RD STREET EAST PO BOX 1798 COTFUNC BRADENTON, FL 34207 ONECO, FL 34264 2. Principal Place of Business 3. Mailing Address Suite, Apt. # Ptc. 16 88 Prosper Sweet Suite, Apt. # etc. 01142005 Chg-P CR2E034 (10/03) & State City & State 4. FEI Number Applied For 56-2293359 twent Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired <u>Zy</u> SARASOHA Fee Required ARASON B 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WISTOPHER KALISH, CHRISTOPHER J Street Address (P.O. Box Number is Not Acceptable) 5520 23RD STREET EAST - CAUCES, **BRADENTON, FL 34207** City Surrasona Zip Code 31239 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 registered agent. the obligation SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Defete TITLE Addition Christopher J. Kalish 1688 Brospect Street KALISH, CHRISTOPHER J NAME NAME STREET ADDRESS 5520 23RD STREET EAST STREET ADDRESS BRADENTON, FL 34207 CITY-SI-7/P CITY-ST-7IP GNEASOIA FLORIDA TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME! STREET ADDRESS STREET ADDRESS C/1Y-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE TITLE ☐ Change ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CDY-ST-7P CITY+ST-7/2 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 of the corporation or the changed, or on an attac SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Jan 20, 2005 8:00 am