

**2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90334 039 \*\*\*150.00



**DOCUMENT # P02000104621**

1. Entity Name

**GUERRERO CARPENTRY CORP.**

Principal Place of Business

1373 AZORA DR  
 DELTONA FL 32725

Mailing Address

1373 AZORA DR  
 DELTONA FL 32725



2. Principal Place of Business

3. Mailing Address

*1056 PEARL TREE RD*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

City & State

*DELTONA, FL 32725*

4. FEI Number

30-0116056

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FLORIDA AGENT SERVICES, INC.  
 92 SADBERRY ROAD  
 QUINCY FL 32351-0000

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **7P**  Delete

NAME **GUERRERO, ANDRES A**  
 STREET ADDRESS **1373 AZORA DR**  
 CITY-ST-ZIP **DELTONA FL 32725**

TITLE **S**  Delete

NAME **GUERRERO, FIOR**  
 STREET ADDRESS **1373 AZORA DR**  
 CITY-ST-ZIP **DELTONA FL 32725**

TITLE  Delete

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Change  Addition

NAME  
 STREET ADDRESS **1056 PEARL TREE RD**  
 CITY-ST-ZIP

TITLE  Change  Addition

NAME  
 STREET ADDRESS **1056 PEARL TREE RD**  
 CITY-ST-ZIP

TITLE  Change  Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition

NAME  
 STREET ADDRESS  
 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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #