

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91014 006 ***150.00

DOCUMENT # P02000116727

1. Entity Name

K.A.W. CARPENTRY, INC.



DO NOT WRITE IN THIS SPACE

54042395

2. Principal Place of Business

3812 Cypress Avenue

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 742

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Sanford, Florida

City & State

DeBary, FL

4. FEI Number

04-3719910

Applied For

Not Applicable

Zip

32773

Country

SEMINOLE

Zip

32713

Country

Volusia

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

7. Name and Address of Current Registered Agent

Name Kevin A. Willey

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

3812 Cypress Ave. Sanford, FL

City

FL

Zip Code

32773

**DO NOT WRITE
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP

President
Kevin A. Willey
P.O. Box 742
DeBary, FL 32713

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Vice President
Nancy A. Willey
P.O. Box 742 DeBary FL 32713

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Kevin A. Willey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/23/04 407-474-1370 (cell)

CR2E034B (12/02)