

# **2004 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000119332

**FILED**  
**Apr 23, 2004**  
**Secretary of State**

**Entity Name:** REHAB CARPENTRY, INCORPORATED

**Current Principal Place of Business:**

4204 RECKER HIGHWAY  
WINTER HAVEN, FL 33880

**New Principal Place of Business:**

3191 RECKER HIGHWAY  
WINTER HAVEN, FL 33880

**Current Mailing Address:**

4204 RECKER HIGHWAY  
WINTER HAVEN, FL 33880

**New Mailing Address:**

3191 RECKER HIGHWAY  
WINTER HAVEN, FL 33880

**FEI Number:** 41-2066825

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DUKES, PAULA M  
4204 RECKER HIGHWAY  
WINTER HAVEN, FL 33880

**Name and Address of New Registered Agent:**

DUKES, PAULA M  
3191 RECKER HIGHWAY  
WINTER HAVEN, FL 33880

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.

SIGNATURE: PAULA M DUKES

04/23/2004

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: DUKES, STANLEY MR.  
Address: 730 CRESTWOOD DRIVE  
City-St-Zip: WINTER HAVEN, FL 33881

Title: VD ( ) Delete  
Name: DUKES, PAULA M MS.  
Address: 730 CRESTWOOD DRIVE  
City-St-Zip: WINTER HAVEN, FL 33881

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAULA M DUKES

VP

04/23/2004

Electronic Signature of Signing Officer or Director

Date