

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000119332

**FILED**  
**Feb 03, 2008**  
**Secretary of State**

**Entity Name:** REHAB CARPENTRY, INCORPORATED

**Current Principal Place of Business:**

1574 34TH STREET NW  
WINTER HAVEN, FL 33881

**New Principal Place of Business:**

730 CRESTWOOD DR.  
WINTER HAVEN, FL 33881

**Current Mailing Address:**

P O BOX 3969  
WINTER HAVEN, FL 33885

**New Mailing Address:**

**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  
730 CRESTWOOD DR.  
WINTER HAVEN, FL 33881      US

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

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:**

\_\_\_\_\_  
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:** PD      (X) Change ( ) Addition  
**Name:** DUKES, STANLEY MR.  
**Address:** P O BOX 3969  
**City-St-Zip:** WINTER HAVEN, FL 33885

**Title:** VD      (X) Change ( ) Addition  
**Name:** DUKES, PAULA M MS.  
**Address:** P O BOX 3969  
**City-St-Zip:** WINTER HAVEN, FL 33885

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 DUKES

VD

02/03/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date