ANNUAL REPORT **DOCUMENT # P02000128846** May 02, WEST COAST CARPENTRY, INC. Principal Place of Business Mailing Address **300 MINNESOTA AVENUE** 300 MINNESOTA AVENUE SAINT CLOUD, FL 34769 SAINT CLOUD, FL 34769 No Chg-P CR2E034 (10/03) 01262005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Numbe 65-1163437 Not Applicable \$8.75 Additional Fee Required 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent AUSTIN, AARON DO NOT WRITE 300 MINNESOTA AVENUE SAINT CLOULD, FL 34769 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. \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE AUSTIN, AARON NAME STREET ADDRESS 300 MINNESOTA AVENUE SAINT CLOUD, FL 34769 U00000357032 CITY-ST-ZIP 05/04/05-80058-009 150.00 TITLE

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 changed, or on an attachment with applications, with all other like empowered.

DO NOT WRITE

IN THIS SPACE

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

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