


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90043 030 ***158.75

DOCUMENT # P02000134366			
1. Entity Name DAN FRANCIS CARPENTRY, INC.			
Principal Place of Business 3801 SW 31 DR HOLLYWOOD, FL 33023		Mailing Address 3801 SW 31 DR HOLLYWOOD, FL 33023	
2. Principal Place of Business - No P.O. Box # 3801 SW 31 Dr		3. Mailing Address 3801 SW 31 Dr	
Suite, Apt. #, etc. West Park, FL		Suite, Apt. #, etc. West Park, FL	
City & State		City & State	
Zip 33023		Country USA	
4. FEI Number 90-0067823		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FRANCIS, DAN 3801 SW 31 DR HOLLYWOOD, FL 33023		7. Name and Address of New Registered Agent Name FRANCIS, DAN Street Address (P.O. Box Number is Not Acceptable) 3801 SW 31 Dr West Park City FL Zip Code 33023	
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 _____ DATE _____ <small>Signature typed or printed name of registered agent and bbe if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FRANCIS, DAN <input type="checkbox"/> Delete 3801 SW 31 DR HOLLYWOOD, FL 33023	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Daniel M Francis</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <u>April 30, 07</u> Daytime Phone #: <u>9549832402</u>	
<u>DANIEL M FRANCIS</u>			