

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91240 028 \*\*\*150.00

**DOCUMENT # P03000003221**



1. Entity Name  
**COMPLETE CARPENTRY INC.**

Principal Place of Business 6005 N. WICKHAM ROAD A-79 MELBOURNE, FL 32940 US	Mailing Address 2935 THRUSH DR. #136 MELBOURNE, FL 32935 US
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**24067223**



2. Principal Place of Business		3. Mailing Address <b>340 Tuscan Way</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>#104</b>	
City & State		City & State <b>Melbourne, FL</b>	
Zip	Country	Zip	Country
		<b>32940</b>	<b>Brevard</b>

03012004 Chg-P CR2E034 (10/03)

4. FEI Number <b>02-0695434</b>	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent <b>CHEATHAM, MICHAEL W 2935 TRUSH DR. #136 MELBOURNE, FL 32935</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$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	VP CHEATHAM, MICHAEL W 2935 THRUSH DR. #136 MELBOURNE, FL 32935 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>340 Tuscan Way #104 Melbourne, FL 32940</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHAUGHNESSY, ERIKA 2935 THRUSH DR. #136 MELBOURNE, FL 32935 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>340 Tuscan Way #104 Melbourne, FL 32940</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHEATHAM, PAUL 729 EVERGLADE AVE. PALM BAY, FL 32909 <input checked="" type="checkbox"/> Delete	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
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
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

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 an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/1/04**  
Date

**(321) 388-5733**  
Daytime Phone #