## **2006 FOR PROFIT CORPORATION**

## **ANNUAL REPORT**

## DOCUMENT # P03000023370

1. Entity Name

MICHAEL REGLAR CARPENTRY CONTRACTING, INC.



04-07-2006 90035 040 \*\*\*150.00

FILED Apr 07, 2006 8:00 am Secretary of State

Principal Place of Business

Mailing Address

8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Signature   Paper	115 PALM VIEW DRIVE NAPLES, FL 34110 US		115 PALM VIEW DRIVE Naples, Fl 34110 US					5	0009	861	
City & State	2. Principal Pl	ace of Business	3. Mailing Address								
Zip Country Zip Country S. Certificate of Status Desired   \$8.75 Additional Free People   \$8.	Suite, Apt. #, etc.		Suite, Apt. #, etc.		_						
ESPET ADDRESS ITS PAGENTEY AND STREET ADDRESS OF	City & State		City & State					<u> </u>	· -		
REGLAR, MICHAEL 115 PALM VIEW DRIVE NAPLES, FL 34110  8. The abover named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  Signature:  FILE NOW!!! FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  OFFICERS AND DIRECTORS  I1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  FILE NOW!!! FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  OFFICERS AND DIRECTORS  I1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  FILE NOW!!! FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  OFFICERS AND DIRECTORS  I1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  FILE NOW!!! FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  OFFICERS AND DIRECTORS  III. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  FILE NOW!!! FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  OFFICERS AND DIRECTORS  III. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  FILE NOW.  PREGLAR, MICHAEL  PREGLAR, MICHAEL  PREGLAR, MICHAEL  PREGLAR, MICHAEL  PREGLAR, MICHAEL  PREGLAR, MICHAEL  NAME  STREET ADDRESS  CITY-S1-2P  III.E  PREGLAR, KARIN  NAME  STREET ADDRESS  CITY-S1-2P  III.E  TRES  OFFICERS AND DIRECTORS IN 11  Charge Addition  NAME  STREET ADDRESS  CITY-S1-2P  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  Charge Addition  REGLAR, KARIN  NAME  STREET ADDRESS  CITY-S1-2P  NAPLES, FL 34110  Debte  TILE  NAME  STREET ADDRESS  CITY-S1-2P  NAPLES, FL 34110  Debte  TILE  NAME  STREET ADDRESS  CITY-S1-2P  NAPLES, FL 34110  Debte  TILE  NAME  STREET ADDRESS  CITY-S1-2P  NAPLES, FL 34110  Debte  TILE  NAME  STREET ADDRESS  CITY-S1-2P  NAPLES, FL 34110  Debte  TILE  NAME  STREET ADDRESS  CITY-S1-2P  NAPLES, FL 34110  Debte  TILE  NAME  STREET ADDRESS  CITY-S1-2P  NAPLES, FL 34110  Debte  TILE  NAME  STREET ADDRESS  CITY-S1-2P  NAME  STREET ADDRESS  CITY-S1-2P  OTHER ADDRESS  CITY-S1-2P  OTHER ADDRESS  CITY-S1-2P  NAME  STREET ADDRESS  CITY-S1-2P  OTHER ADDRESS  CITY-S1-2P  NAME  STREET ADDRESS	Zip	Country	Zip	Country	у				8.75 Add	litional	
Name   Street Address (P.O. Box Number is Not Acceptable)   Street Address (P.O. Box Number is Not Acceptable)	6 Name and Address of Current		t Registered Agent	gistered Agent							
115 PALM VIEW DRIVE NAPLES, FL 34110  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept throughout the obligations of registered agent.  SIGNATURE    Signature speed or power named of registered agent and title 1 applicable   INOTE Registered Agent signature required when rendaining)   DATE	o. Hadie and Houses of Garrett Hogistore Agent				Name		-				
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature typed or ported name of registered agent and life if applicable   (NOTE Registered Agent signature required when reinstating)   DATE	115 PALM	VIEW DRIVE		Street Addr		s (P.O. Box Number is Not Acceptable)					
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Comparison of registered agent   Papel   P	1				City			EI	Zip Cod	e	
SIGNATURE									<u> </u>		
### After May 1, 2006 Fee will be \$550.00  10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   N 11    ITILE	the obligations of registered agent.										
### After May 1, 2006 Fee will be \$550.00  10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11    ITILE			<del></del>				**				
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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	1	pertify that the information supplied wi		ned in Chapter 11	9, Florida Statutes.	I further certif	y that the in	nformation			

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: