

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000023370

1. Entity Name  
MICHAEL REGLAR CARPENTRY CONTRACTING, INC.



Principal Place of Business  
115 PALM VIEW DRIVE  
NAPLES, FL 34110 US

Mailing Address  
115 PALM VIEW DRIVE  
NAPLES, FL 34110 US



04062007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
81-0600111

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

REGLAR, MICHAEL  
115 PALM VIEW DRIVE  
NAPLES, FL 34110

**DO NOT WRITE  
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.

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE P  
NAME REGLAR, MICHAEL  
STREET ADDRESS 115 PALM VIEW DRIVE  
CITY- ST- ZIP NAPLES, FL 34110

TITLE VP  
NAME REGLAR, KARIN  
STREET ADDRESS 115 PALM VIEW DRIVE  
CITY- ST- ZIP NAPLES, FL 34110

TITLE SEC  
NAME REGLAR, KARIN  
STREET ADDRESS 115 PALM VIEW DRIVE  
CITY- ST- ZIP NAPLES, FL 34110

TITLE TRES  
NAME REGLAR, MICHAEL  
STREET ADDRESS 115 PALM VIEW DRIVE  
CITY- ST- ZIP NAPLES, FL 34110

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

U00000717163  
04/30/07-80037-013 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/07

Date

566 9537

Daytime Phone #