


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90061 038 \*\*\*150.00

<b>DOCUMENT # P03000030537</b>					
<b>1. Entity Name</b> GARRY LENTZ CARPENTRY, INC.					
<b>Principal Place of Business</b> 112 LOUIS AVENUE LEHIGH ACRES, FL 33972			<b>Mailing Address</b> 112 LOUIS AVENUE LEHIGH ACRES, FL 33972		
<b>2. Principal Place of Business</b> 500 Desoto Ave Suite, Apt. #, etc.		<b>3. Mailing Address</b> 500 Desoto Ave Suite, Apt. #, etc.			
<b>City &amp; State</b> Lehigh Acres FL Zip: 33936 Country: US		<b>City &amp; State</b> Lehigh Acres FL Zip: 33936 Country: US		<b>4. FEI Number</b> 56-2328979	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
<b>6. Name and Address of Current Registered Agent</b> LENTZ, GARRY JR. 112 LOUIS AVENUE LEHIGH ACRES, FL 33972			<b>7. Name and Address of New Registered Agent</b> Name: _____ Street Address (P.O. Box Number is Not Acceptable): _____ 500 Desoto Ave City: Lehigh Acres FL Zip Code: 33936		
<b>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.</b>					
SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE: DP NAME: LENTZ, GARRY J R STREET ADDRESS: 112 LOUIS AVENUE CITY-ST-ZIP: LEHIGH ACRES, FL 33972	<input type="checkbox"/> Delete		TITLE: _____ NAME: _____ STREET ADDRESS: 500 Desoto Ave CITY-ST-ZIP: Lehigh Acres FL 33936	<input checked="" 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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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	
<b>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.</b>					
<b>SIGNATURE:</b> <i>Garry Lentz Jr</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4-27-05 239.369.7061 Date Daytime Phone #		