


2004 FOR PROFIT CORPORATION ANNUAL REPORT

9/14/2004-90002-023-\$150.00-\$150.00

DOCUMENT # P03000041260

1. Entity Name
ALTERNATIVE CARPENTRY, INC.



FILED
04 OCT 29 PM 2:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2920 29TH AVE. NE
NAPLES, FL 34120

Mailing Address
2920 29TH AVE. NE
NAPLES, FL 34120



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

09082004 Chg-P CR2E034 (10/03) 04

4. FEI Number
06-1686275

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

MINNING, JASON A
2920 29TH AVE. NE
NAPLES, FL 34120

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when requesting)

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MINNING, JASON A 2920 29TH AVE. NE NAPLES, FL 34120	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
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"/> Change <input type="checkbox"/> Addition
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"/> 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 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: _____ 9/8/04
SIGNATURE AND TYPED OR PRINTED NAME OF MINNING DIRECTOR OR OFFICER

ALTERNATIVE CARPENTRY, INC.
2920 29TH H AVE NE
NAPLES, FL 34120

October 27, 2004

Divisions of Corporation
Uniform Business Report
P.O. Box 6198
Tallahassee, FL 32314

Re: Document #P03000041260
2004 Uniform Business Report


Gentlemen:

With reference to the above, enclosed is a copy of letter dated September 15th. Upon receipt of the letter, the FEI number was inserted and the form was return to the Division of Corporations. At that time, I did not included a copy of the letter and, upon my phone call of this date, there is no indication that this form was received.

I am enclosing a copy of the UBR which was sent.

Also, I would like to have this form mailed to me each year in order to avoid this problem.

Sincerely,



Jason A. Minning
Director

HW/rr

Enclosures