

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000041417

1. Entity Name
TJ CUSTOM FINISH CARPENTRY, INC.



Principal Place of Business Mailing Address
4712 SW 29 AVE 4712 SW 29 AVE
CAPE CORAL, FL 33914 CAPE CORAL, FL 33914

DO NOT WRITE IN THIS SPACE



01112005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
55-0829549 Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WINGS, JUERGEN
4712 SW 29 AVE
CAPE CORAL, FL 33904

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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 file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE PTD
NAME WINGS, JURGEN
STREET ADDRESS 4712 SW 29TH AVENUE
CITY - ST - ZIP CAPE CORAL, FL 33914

TITLE VPSD
NAME MCGREADY, TIMOTHY
STREET ADDRESS 4800 SW 29TH AVENUE
CITY - ST - ZIP CAPE CORAL, FL 33914

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02/21/05-80073-001 150.00

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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)(f), 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

02.20.005

Date

239.541.5455

Daytime Phone #