

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000074203

Entity Name: NANN'S CARPENTRY, INC.

FILED
Nov 08, 2005
Secretary of State

Current Principal Place of Business:

1219 STAMFORD ST
PORT CHARLOTTE, FL 33952

New Principal Place of Business:

Current Mailing Address:

1219 STAMFORD ST
PORT CHARLOTTE, FL 33952

New Mailing Address:

FEI Number: 02-0698725

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NANN, MICHAEL
1219 STAMFORD ST
PORT CHARLOTTE, FL 33952 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: NANN, MICHAEL F
Address: 1219 STAMFORD ST
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: V () Delete
Name: MAHONEY, SCOTT M
Address: 1254 SLASH PINE CIR UNIT 122
City-St-Zip: PUNTA GORDA, FL 33950

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: NANN, MICHAEL F
Address: 1219 STAMFORD ST
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S () Change (X) Addition
Name: LEVASSEUR, LUCKNER JR.
Address: 17810 MURDOCK CIRCLE, APT 108
City-St-Zip: PORT CHARLOTTE, FL 33953 US

Title: S () Change (X) Addition
Name: MYLES, SHERWIN E
Address: 1243 MARLOW STREET
City-St-Zip: PORT CHARLOTTE, FL 33952 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL NANN

P

11/08/2005

Electronic Signature of Signing Officer or Director

Date