2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2007
Secretary of State

DOCUMENT# P03000074203

Entity Name: NANN'S CARPENTRY, INC.

Current Principal Place of Business:

1219 STAMFORD ST
PORT CHARLOTTE, FL 33952

New Principal Place of Business:

10 TUCUMAN ST
PUNTA GORDA, FL 33983

Current Mailing Address:

1219 STAMFORD ST
PORT CHARLOTTE, FL 33952

New Mailing Address:

10 TUCUMAN ST
PUNTA GORDA, FL 33983

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 F P
1219 STAMFORD ST
PORT CHARLOTTE, FL 33952 US

Name and Address of New Registered Agent:

NANN, MICHAEL F P
10 TUCUMAN ST
PUNTA GORDA, FL 33983 US

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: _____ 04/07/2007
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: NANN, MICHAEL F
Address: 10 TUCUMAN ST
City-St-Zip: PUNTA GORDA, FL 33983

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 F NANN P 04/07/2007
Electronic Signature of Signing Officer or Director — Date