

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2005 8:00 am
Secretary of State

03-29-2005 90025 030 ***158.75

DOCUMENT # P03000075697

1. Entity Name
FLORIDA CARPENTRY OF BREVARD, INC.



Principal Place of Business
2087-A SARNO RD
MELBOURNE, FL 32935

Mailing Address
2087-A SARNO RD
MELBOURNE, FL 32935

00001070



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01042005

Chg-P

CR2E034 (10/03)

4. FEI Number

38-3684207

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MILLER, ALLEN
2087-A SARNO RD
MELBOURNE, FL 32935

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

Signature, typed or printed name of registered agent and title 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 | D | <input checked="" type="checkbox"/> Delete |
| NAME | MILLER, ALLEN | |
| STREET ADDRESS | 2087-A SARNO RD | |
| CITY-ST-ZIP | MELBOURNE, FL 32935 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | KRAMER, FRANK | |
| STREET ADDRESS | 2087-A SARNO RD | |
| CITY-ST-ZIP | MELBOURNE, FL 32935 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | TONER, MICHAEL | |
| STREET ADDRESS | P.O. BOX 560263 | |
| CITY-ST-ZIP | ROCKLEDGE, FL 32956 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|----------------------|--|
| TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Michael Reilly | |
| STREET ADDRESS | 2651 Carol Drive | |
| CITY-ST-ZIP | Melbourne, FL 32935 | |
| TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | mark strandberg | |
| STREET ADDRESS | 2067 Robinhood Drive | |
| CITY-ST-ZIP | Melbourne, FL 32935 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-12-05