# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED**
**May 08, 2007**
**Secretary of State**

DOCUMENT# P03000092918

**Entity Name:** DAVID CARVER CONTRACTORS, INC

**Current Principal Place of Business:**

1600 SKYLINE DRIVE
KISSIMMEE, FL 34744

**New Principal Place of Business:**

**Current Mailing Address:**

1600 SKYLINE DRIVE
KISSIMMEE, FL 34744

**New Mailing Address:**

**FEI Number: 45-0528436** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CARVER, DAVID
1600 SKYLINE DRIVE
KISSIMMEE, FL 34744 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: LOMBARDY-CARVER, CHENOA
Address: 1600 SKYLINE DRIVE
City-St-Zip: KISSIMMEE, FL 34744

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: P ( ) Change (X) Addition
Name: CARVER, DAVID R
Address: 1600 SKYLINE DRIVE
City-St-Zip: KISSIMMEE, FL 34744

I hereby certify that the information supplied with this filing does not qualify 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: CHENOA LOMBARDY CARVER D 05/08/2007

Electronic Signature of Signing Officer or Director — Date