

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 06, 2008 8:00 am**  
**Secretary of State**

02-06-2008 90085 001 \*\*\*150.00  
02-06-2008 90085 002 \*\*\*158.75

**DOCUMENT # P03000099721**

1. Entity Name

JER MYRAH'S CARPENTRY INC.



Principal Place of Business

700 NORTHWEST 6TH STREET  
POMPANO BEACH, FL 33060

Mailing Address

700 NORTHWEST 6TH STREET  
POMPANO BEACH, FL 33060

**DO NOT WRITE IN THIS SPACE**



01132008 No Chg-P CR2E034 (11/05)

4. FEI Number

65-1118890

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

WALKER, JAMES O III ESQ  
1339 N.E. 4TH AVENUE  
FT. LAUDERDALE, FL 33304

**DO NOT WRITE  
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]*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 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  
NAME TURNER, MILTON JEROME  
STREET ADDRESS 700 NORTHWEST 6TH STREET  
CITY-ST-ZIP POMPANO BEACH, FL 33060

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/15/2008 (734) 234-4547