

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2004 8:00 am
Secretary of State

04-26-2004 91025 017 ***150.00

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04072004 Chg-P CR2E034 (10/03)

DOCUMENT # P03000099902 1. Entity Name AMBASSADOR CARPENTRY AND HOME IMPROVEMENT, INC.					
Principal Place of Business 323 BREMEN AVENUE PENSACOLA, FL 32507			Mailing Address 323 BREMEN AVENUE PENSACOLA, FL 32507		
2. Principal Place of Business 2704 Grainger Ave.		3. Mailing Address 2704 Grainger Ave.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Pensacola, Florida		City & State Pensacola, Florida 32507		4. FEI Number 421604384	
Zip 32507		Country Escambia		Applied For <input type="checkbox"/> Not Applicable	
Zip 32507		Country Escambia		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SIMPSON, WILLIAM L JR. 323 BREMEN AVENUE PENSACOLA, FL 32507			7. Name and Address of New Registered Agent Name Simpson, William L-JR. Street Address (P.O. Box Number is Not Acceptable) 2704 Grainger Ave. City Pensacola FL Zip Code 32507		
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 4-20-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SIMPSON, WILLIAM JR. 323 BREMEN AVENUE PENSACOLA, FL 32507 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Simpson, William JR. 2704 Grainger Ave. Pensacola, FL 32507 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T SIMPSON, CARLA L 323 BREMEN AVENUE PENSACOLA, FL 32507 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Simpson, Carla L 2704 Grainger Ave. Pensacola, FL 32507 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: 4-20-04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					