


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 28, 2008 8:00 am**  
**Secretary of State**

01-28-2008 90052 017 \*\*\*150.00

**DOCUMENT # P03000100555**  
 1. Entity Name  
**A.D.C. CARPENTRY INC.**



Principal Place of Business      Mailing Address  
 2115 SE 8TH AVENUE      2115 SE 8TH AVENUE  
 CAPE CORAL, FL 33990      CAPE CORAL, FL 33990

40011760



2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

01172008      Chg-P      CR2E034 (12/06)

City & State      City & State  
 Zip      Country      Zip      Country

4. FEI Number      Applied For  
**83-0370064**      Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**  
 VILLALBA, JERLIS  
 2115 SE 8TH AVENUE  
 CAPE CORAL, FL 33990

**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 \_\_\_\_\_ (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	P	<input type="checkbox"/> Delete
NAME	VILLALBA, JERLIS	
STREET ADDRESS	2115 SE 8TH AVENUE	
CITY-ST-ZIP	CAPE CORAL, FL 33990	
TITLE	VP	<input type="checkbox"/> Delete
NAME	VILLALBA, MIRELIS	
STREET ADDRESS	2115 SE 8TH AVENUE	
CITY-ST-ZIP	CAPE CORAL, FL 33990	
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 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		
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 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: \*       Jerlis Villalba      1/17/08      (239) 872-3434  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #