

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90251 010 \*\*\*150.00

|                                              |                                                                                   |
|----------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # P03000106771</b>               |  |
| 1. Entity Name<br><b>AJR CARPENTRY, INC.</b> |                                                                                   |

|                                                                                         |                                                                             |
|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| Principal Place of Business<br><b>1923 N WICKHAM RD SE 1102<br/>MELBOURNE, FL 32935</b> | Mailing Address<br><b>1923 N WICKHAM RD SE 1102<br/>MELBOURNE, FL 32935</b> |
|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|

**94072691**

|                                                          |                                              |
|----------------------------------------------------------|----------------------------------------------|
| 2. Principal Place of Business<br><b>225 Price Court</b> | 3. Mailing Address<br><b>225 Price Court</b> |
| Suite, Apt. #, etc.                                      | Suite, Apt. #, etc.                          |

|                                           |                                           |
|-------------------------------------------|-------------------------------------------|
| City & State<br><b>Satellite Beach FL</b> | City & State<br><b>Satellite Beach FL</b> |
| Zip<br><b>32937</b>                       | Zip<br><b>32937</b>                       |
| Country<br><b>USA</b>                     | Country<br><b>USA</b>                     |

04232004 Chg-P CR2E034 (10/03)

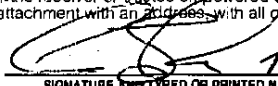
|                                                           |                                                        |
|-----------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>20-02611637</b>                       | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b>                  |

|                                                                                                                                     |          |
|-------------------------------------------------------------------------------------------------------------------------------------|----------|
| 6. Name and Address of Current Registered Agent<br><b>RUGGIANO, ANTHONY J<br/>1923 N WICKHAM RD SE 1102<br/>MELBOURNE, FL 32935</b> |          |
| 7. Name and Address of New Registered Agent                                                                                         |          |
| Name                                                                                                                                |          |
| Street Address (P.O. Box Number is Not Acceptable)                                                                                  |          |
| City                                                                                                                                |          |
| <b>FL</b>                                                                                                                           | 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 _____                                                                                                                                                                                                               | DATE _____ |
| <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                                     |            |

|                                                                               |                                                                                                                        |
|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                                                                         | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                                                                                                                       |
|------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>RUGGIANO, ANTHONY J<br/>1923 N WICKHAM RD SE 1102<br/>MELBOURNE, FL 32935.</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>D/P/S<br/>Ruggiano, Anthony J.<br/>225 Price Court<br/>Satellite Beach FL 32937</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>D/T<br/>Ruggiano, Sabrina<br/>225 Price Court<br/>Satellite Beach FL 32937</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>1st VP<br/>Phinneystoltz, Cliff<br/>1260 Overlook Terrace<br/>Titusville FL 32780</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>2nd VP<br/>Horton, Dennis<br/>4183 North Hwy US1<br/>Melbourne FL 32935</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>Pres 4/23/04 779-8133</b> (321) |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                    |