

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 08, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000106771

1. Entity Name

AJR CARPENTRY, INC.



Principal Place of Business

225 PRICE COURT
SATELLITE BEACH FL 32937

Mailing Address

225 PRICE COURT
SATELLITE BEACH FL 32937

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/04)

4. FEI Number

20-0261637

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RUGGIANO, ANTHONY J
1923 N WICKHAM RD SE 1102
MELBOURNE FL 32935

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when translating)

DATE

4-4-05

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
DPS
RUGGIANO, ANTHONY J
225 PRICE COURT
SATELLITE BEACH FL 32937 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
DT
RUGGIANO, SABRINA
225 PRICE COURT
SATELLITE BEACH FL 32937 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
1VP
PHINNESTOLTZ, CLIFF
1260 OVERLOOK TERR.
TITUSVILLE FL 32780 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
2VP
HORTON, DENNIS
4183 NORTH HWY US 1
MELBOURNE FL 32935 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition
000000293404
04/08/05-80028-002 150.00

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pre 8

Date

Daytime Phone #

4-4-05 321-508-6246