## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 07, 2006 8:00 am Secretary of State

DOCUMENT # P03000106771  1. Entity Name AJR CARPENTRY, INC.						03-07-2006 90014 035 ***150.00			
Principal Place of Business 170 SHERWOOD AVE SATELLITE BEACH, FL 32937		Mailing Address 170 SHERWOOD AVE SATELLITE BEACH, FL 32937					5000	1190	
2. Principal Place of Business		3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01112006	Chg-P	CR2E034 (11	/05)	
City & State		City & State			4. FEI Numbe		_	Applied For Not Applicable	
Zip Country		Zìp	Country			of Status Desired	□ \$8.75 Fee Re	5 Additional	
	6. Name and Address of Curren	t Registered Agent			7. Name and	Address of New F	Registered Agent		
RUGGIANO, ANTHONY J 1923 N WICKHAM RD SE 1102 MELBROUNE, FL 32935				Name Kuga Street Address	e Address (P.O. Box Number is Not Acceptable)  70 Sherwood Ave.				
				citySat	ellite B	each	FL 多	2937	
	named entity submits this statement fi ions of registered agent.	or the purpose of changing its	registere		ered agent, or bot	h, in the State of Fl	orida. I am familiar	with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agen	An Hony J	F. R	u coita no	Reg · Ac	end	01/01/01	6	
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.	0.51	ign Finar	ncing\$	5.00 May Be ided to Fees				
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFF	ICERS AND DIREC	TORS IN 11	
NAME STREET ADDRESS	DPS RUGGIANO, ANTHONY J 170 SHERWOOD AVE	☐ Defete	NAM STRE				Ch	ange 🗍 Addition	
CITY-ST-ZIP	SATELLITE BEACH, FL 32937		CITY	-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Delete RUGGIANO, SABRINA 170 SHERWOOD AVE SATELLITE BEACH, FL 32937						□ Ch	ange 🗌 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1STV HORTON, DENNIS 4185 N HWY US 1 MELBOURNE, FL 32935	☐ Detete			-		□ Chi	ange Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					Ch	ange 🔲 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					☐ Cha	ange 🔲 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					☐ Ch	ange 🔲 Addition	
12. I hereby o	certify that the information supplied wit	h this filing does not qualify fo	r the exe	emptions containe	ed in Chapter 119	Florida Statutes.	I further certify that	the information	

12. Thereby certify that the information supplied with this filling does not quality 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 it changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE** 

Anthony J. Buggiano Div. 01/11/06 321-779-9131