## (2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 05, 2008 8:00 am DOCUMENT # P03000112740 **Secretary of State** 1. Entity Name 02-05-2008 90010 033 \*\*\*150.00 TERRY HARVELL CARPENTRY INC. Mailing Address Principal Place of Business 198 SPRINGBROOK ROAD 198 SPRINGBROOK ROAD HAVANA FL 32333 HAVANA FL 32333 198 Sangbook RD, 3. Mailing Adorest Havara Fla 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 41-2111732 Not Applicable Havaa Ζφ Ζiρ Country \$8.75 Additional 5. Certificate of Status Desired roston 32333 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HARVELL, TERRY Street Address@F 2869 FLORIDA-GEORGIA-HIGHWAY 198 San HAVANA FL 32333 Zip Code **32**333 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, typod or printed name of journmed agent and title if amplicacio, (NOTE: Registered Ager4 signature required when roundating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Delete ☐ Addition NAME HARVELL, TERRY NAME 2869 FLORIDA-GEORGIA HIGHWAY 198 STREET ADORESS STREET ADDRESS HAVANA FL 32333 DITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE TITLE Addition NAME MAME 2869 FLORIDA-GEORGIA-HIGHWAY 198 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HAVANA FL 32333 CITY-ST-ZIP TITLE ☐ Delete ine Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP THE TITLE ☐ De ete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Channe Addition NAMe. STREET ADDRESS STREET ADDRESS CITY-\$1-78 CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature snall 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.

President 1/29/08 850-509-1964

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