2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: \_

	ANNUAL R	EPORT (AR	k)		<u> </u>		FILED			
DOCUMENT # P03000113891  1. Entity Name  JOE'S COMPLETE CARPENTRY & TILE WORK, INC.						Sep 07 Sec	, 2005 0 cretary of		AM te	
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Principal Place	ce of Business	~ <u>`</u> `		-						
Principal Place of Business Mailing Address  2983 ROYAL PALM WAY 2983 ROYAL PALM WAY										
TALLAHASSEE FL 32309 TALLAHASSEE FL 32309					1 11	<b>ining</b> u uu <b>yakaa</b> kiik <b>aa</b> k	A <b>au</b> nh <b>au</b> nh hait (i <b>ai</b> a ine		DIRECTOR CONTRACTOR	
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2. Principal Place of Business 3. Mailing Address				<del></del>	<u>.</u>				4 88      ARJ	
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Suite, Apt	#, etc.	Suite, Apt. #. etc.			7 2	nd MOORE	CR2E034	(5/05)		
City & Sta	to .	City & State			4 (51)			1 1 1 1 1 1		
City & Sta	ne-	City & State		4. FEI Numi	<sup>Der</sup> 20-0300	084	<del></del>	plied For at Applicable		
Zip	Country	Zip Cour		ry	5 Cortificate of		ed   \$8	1.75 Add		
		_			Fee Required			đ		
6. Name and Address of Current Registered Agent				Name	7. Name an	7. Name and Address of New Registered Agent				
CAROLLUZZI, JOSEPH V					<u> </u>			<u> </u>	<u> </u>	
2983 ROYAL PALM WAY				Street Address (P.O. Box Number is Not Acceptable)						
TAI	LLAHASSEE FL FL		Ì		<del></del>		·		** - <u>- 1-7</u>	
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				City	FL Zip Code					
	e named entity submits this statement fo tions of registered agent.	r the purpose of changing its	registere	d office or regist	tered agent, or b	oth, in the State o	if Florida. I am fam	iliar with,	and accept	
SIGNATURE Signature, typed or printed name of registered agent and rifle # applicable (NOTF Registered Agent signature required when reinstating)  — DATE										
FILE NOW!!! FEE IS \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$						T		<u> </u>	· /	
DUE BY September 7, 2005 late fee. By checking this box, the co					ation certifies it		empaign Financing Contribution.		<b>00</b> May Be d to Fees	
Make Chec	k Payable to Florida Department of	tate did not receive prior notice. Fee to file is \$			\$150,00.	l lidoti dilo	CONDIDUENT:	Adde	u (O ) ces	
10.	OFFICERS AND		11.		ADDITIONS	CHANGES TO	OFFICERS AND DI			
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STREET ADDRESS	2983 ROYAL PALM WAY				J9/07705-80004-021 550.00					
CHTY-ST-ZIP	TALLAHASSEE FL 32309		CITY-	S1-71P					٠, ــ.	
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NAME	CAROLLUZZI, KRISTEN J					_ · <b>_</b>				
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12. I hereby	certify that the information supplied with	this filing does not qualify for	the exem	ption stated in S	Section   19.07(3)	(i), Florida Statute	es. I further certify t	hat the in	formation	
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 chapted or on an attachment with all others, with all others like appropriet.										