

2006 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED
AND
FILED

06 APR 27 PH 3:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000113891

1. Entity Name
JOE'S COMPLETE CARPENTRY & TILE WORK, INC.



Principal Place of Business
2983 ROYAL PALM WAY
TALLAHASSEE, FL 32309

Mailing Address
2983 ROYAL PALM WAY
TALLAHASSEE, FL 32309



04272006 Chg-P CR2E034 (11/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
20-0300084

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAROLLUZZI, JOSEPH V
2983 ROYAL PALM WAY
TALLAHASSEE, FL FL

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME CAROLLUZZI, JOSEPH V
STREET ADDRESS 2983 ROYAL PALM WAY
CITY-ST-ZIP TALLAHASSEE, FL 32309

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME CAROLLUZZI, KRISTEN J
STREET ADDRESS 2983 ROYAL PALM WAY
CITY-ST-ZIP TALLAHASSEE, FL 32309

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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

April 27, 2006

Date

Daytime Phone #

4/27/06