

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2008 08:00 AM
Secretary of State

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**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

City & State

4. FEI Number 20-0300084

**Applied For
Not Applicable**

Zip

Country

Zip

Country

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

Joseph Carolluzzi

(NOTE: Registered Agent Signature required when reinstating)

DATE

4-29-08

FILE NOW!!! FEE IS: \$150.00

After May 1, 2008 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ 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 ☐ Delete
NAME VP
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
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CITY- ST- ZIP

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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 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 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

Date

Day-Month-Year

Joseph Carolluzzi

4-29-08

850 766-1668