

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 14, 2007 8:00 am
Secretary of State

04-24-2007 90012 044 ***150.00

DOCUMENT # P03000114032

1. Entity Name
PAUL LEVERENTZ CARPENTRY INC.



Principal Place of Business
**4422 GROVELAND AVE.
SARASOTA, FL 34231**

Mailing Address
**4422 GROVELAND AVE.
SARASOTA, FL 34231**

66014578



05102007 No Chg-P CR2E034 (11/05)

4. FEI Number
16-1686395

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**LEVERENTZ, PAUL
4422 GROVELAND AVE.
SARASOTA, FL 34231**

**DO NOT WRITE
IN THIS SPACE**

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 \$550.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
LEVERENTZ, PAUL
4422 GROVELAND AVE.
SARASOTA, FL 34231**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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: *Paul Leverentz* **PAUL LEVERENTZ**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/10/07

Date

941-5040376

Daytime Phone #