

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000117833

Entity Name: JOE SAMUS CARPENTRY, INC.

FILED
Apr 13, 2006
Secretary of State

Current Principal Place of Business:

199 RIVER OAKS DR
FERNANDINA BEACH, FL 32034

New Principal Place of Business:

Current Mailing Address:

199 RIVER OAKS DR
FERNANDINA BEACH, FL 32034

New Mailing Address:

FEI Number: 51-0488751

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NOE, WILLIAM G JR
599 ATLANTIC BLVD
SUITE 6
ATLANTIC BEACH, FL 32233 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SAMUS, JOE
Address: 199 RIVER OAKS DR
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: TREA () Delete
Name: SAMUS, VICKIE D
Address: 199 RIVER OAKS DR
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: VP () Delete
Name: SAMUS, JOSEPH N JR
Address: 199 RIVER OAKS DR
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: SEC () Delete
Name: SAMUS, JAMES T ELLIS
Address: 199 RIVER OAKS DR
City-St-Zip: FERNANDINA BEACH, FL 32034

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VICKIE D SAMUS

TRES

04/13/2006

Electronic Signature of Signing Officer or Director

Date