2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 31, 2008 08:00 A DOCUMENT # P03000117971 **Secretary of State** PATRICK SULLIVAN CARPENTRY, INC. Principal Place of Business Mailing Address 19 SAFACCOSSA STIFEET 19 SAFAGOSSA STIFEET ST. ALGLETINE, FL 32084 ST. AUGUSTINE FL 32084 CR2E034 (11/05) 03022008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0333643 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HALL, CHARLES E DO NOT WRITE 77 ALMERIA STREET ST. AUGUSTINE, FL 32084 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 U000000875100 04/11/08-80019-003-150.00 OFFICERS AND DIRECTORS 10. TITLE NAME SULLIVAN, PATRICK 19 SARAGOSSA STREET STREET ADDRESS ST. AUGUSTINE, FL 32084 CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information it 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 mpowered be execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information supplies indicated on this report or supplemental changed, or on an attachment with

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP