


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 13, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000118266</b>	
1. Entity Name H & R CARPENTRY INC.	

Principal Place of Business 33 CASWELL DR. ORLANDO, FL 32825 US	Mailing Address 33 CASWELL DR. ORLANDO, FL 32825 US
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**DO NOT WRITE IN THIS SPACE**



01112006 No Chg-P CR2E034 (11/05)

4. FEI Number 01-0800543	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BELHUMEUR, ROBIN S  
33 CASWELL DR.  
ORLANDO, FL 32825

**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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BELHUMEUR, HENRY R 33 CASWELL DR. ORLANDO, FL 32825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BELHUMEUR, ROBIN S 33 CASWELL DR. ORLANDO, FL 32825
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01/18/06-80035-009 158.75

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: By: *Robin Irene Belhumeur V.P.* 01-11-2006 407-282-0747  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Robin Irene Belhumeur Vice President