

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90305 026 ***150.00

DOCUMENT # P03000122180

1. Entity Name
BRUCE ATWELL CARPENTRY INC.



Principal Place of Business
**161 SEMINOLE LAKES DR.
ROYAL PALM BEACH, FL 33411 US**

Mailing Address
**161 SEMINOLE LAKES DR.
ROYAL PALM BEACH, FL 33411 US**

50011925



2. Principal Place of Business

6922 ALISO AVE.
Suite, Apt. #, etc.

3. Mailing Address

6922 ALISO AVE
Suite, Apt. #, etc.

03182006

Chg-P

CR2E034 (11/05)

City & State

WEST PALM BEACH, FL

City & State

WEST PALM BEACH, FL

4. FEI Number

27-0071890

Applied For

Not Applicable

Zip

33413

Country

Zip

33413

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ATWELL, BRUCE
161 SEMINOLE LAKES DR.
ROYAL PALM BEACH, FL 33411**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

6922 ALISO AVE

City

WEST PALM BEACH

FL

Zip Code

33413

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 \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME **ATWELL, BRUCE** ☐ Delete
STREET ADDRESS **161 SEMINOLE LAKES DR.**
CITY- ST- ZIP **ROYAL PALM BEACH, FL 33411**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **6922 ALISO AVE.**
CITY- ST- ZIP **WEST PALM BEACH, FL 33413**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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NAME
STREET ADDRESS
CITY- ST- ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-8-06 561 815-0387