## 2007 FOR PROFIT CORPORATION \*\* ANNUAL REPORT

## Apr 30, 2007 08:00 Al Secretary of State **DOCUMENT # P03000122180** BRUCE ATWELL CARPENTRY INC. Principal Place of Business Mailing Address 6922 ALISO AVE 6922 ALISO AVE WEST PALM BEACH, FL 33413 WEST PALM BEACH, FL 33413 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number 27-0071890 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent ATWELL, BRUCE DO NOT WRITE 6922 ALISO AVE WEST PALM BEACH, FL 33413 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 algosture required when remetating) Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PD TITLE ATWELL, BRUCE NAME STREET ADDRESS 6922 ALISO AVE CITY-ST-ZIP WEST PALM BEACH, FL 33413 TITLE NAME U00000740600° STREET ADDRESS 05/14/07-80073-017 150.00 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 ADORESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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:

TITLE NAME STREET ADDRESS CITY-ST-ZP

4-20-07 561-578-0387
Date Daystre Phone 8

**FILED**