## 2007 FOR PROFIT CORPORATION **FILED ANNUAL REPORT** Feb 27, 2007 08:00 A Secretary of State **DOCUMENT # P03000122412** 1. Entity Name J.C. RAWLS CARPENTRY, INC. Principal Place of Business Mailing Address 10309 S. SALT ROAD 10309 S. SALT ROAD LAMONT, FL 32336 LAMONT, FL 32336 CR2E034 (11/05) 01092007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0348367 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RAWLS, J.C. 10309 S. SALT ROAD DO NOT WRITE LAMONT, FL 32336 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 poneture required when reinstation) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. THE NAME RAWLS, J.C. STREET ADDRESS 10309 S. SALT ROAD CITY-ST-ZIP LAMONT, FL 32336 TITLE RAWLS, MARTHA T 000000649894 NAME STREET ADDRESS 10309 S SALT RD. 03/07/07-80068-008 150.00 CITY-ST-ZIP LAMONT, FL 32336

DO NOT WRITE IN THIS SPACE

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 effect in the empowered.

SIGNATURE:

NAME STREET ADDRESS

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7(P

CITY-ST-ZIP TITLE