

FILED
Mar 07, 2005 8:00 am
Secretary of State

02-07-2005 90068 029 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000125026 1. Entity Name BEN KEIM CARPENTRY, INC.	
--	---

Principal Place of Business 933 VERNA ROAD SARASOTA, FL 34240	Mailing Address 933 VERNA ROAD SARASOTA, FL 34240
---	---

66003665



01212005 No Chg-P CR2E034 (10/03)

4. FEI Number 20-0372082	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent KEIM, BEN 933 VERNA ROAD SARASOTA, FL 34240
--

**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 _____ (NOTE: Registered Agent signature required when renouncing) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD KEIM, BEN 933 VERNA RD. SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS KEIM, LOVINA 933 VERNA RD. SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Jornia E. Lemi, V.P. Sec. 3/4/05 941
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 322-1719