

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2004 8:00 am
Secretary of State

04-22-2004 90107 008 ***150.00

DOCUMENT # P03000125439

1. Entity Name
E & E CARPENTERS, INC.



Principal Place of Business
**231 B PRINGLE CIRCLE
GREEN COVE SPRINGS, FL 32043**

Mailing Address
**231 B PRINGLE CIRCLE
GREEN COVE SPRINGS, FL 32043**

66421111



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03152004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

200372316

☒ Applied For

☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ECHEVARRIA, ARCHIBALD
231 B PRINGLE CIRCLE
GREEN COVE SPRINGS, FL 32043**

Name

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

City

FL

Zip Code

9. 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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PS ☒ Delete
NAME ECKMAN, TRAVIS KEITH
STREET ADDRESS 305 FERN ST.
CITY-ST-ZIP PALATKA, FL 32177

TITLE V/S/D ☐ Change ☒ Addition
NAME ECHEVARRIA, SONIA EN.
STREET ADDRESS 231 B PRINGLE CIRCLE
CITY-ST-ZIP GREEN COVE SPRINGS, FL 32043

TITLE VT ☐ Delete
NAME ECHEVARRIA, ARCHIBALD
STREET ADDRESS 231 B PRINGLE CIRCLE
CITY-ST-ZIP GREEN COVE SPRINGS, FL 32043

TITLE P/T/D ☒ Change ☐ Addition
NAME ECHEVARRIA, ARCHIBALD
STREET ADDRESS 231 B PRINGLE CIRCLE
CITY-ST-ZIP GREEN COVE SPRINGS, FL 32043

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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

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: *Archibald Echevarria*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-04 (404) 529-7723

Date

Daytime Phone #