


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90029 034 \*\*\*150.00

<b>DOCUMENT # P03000127802</b> 1. Entity Name <b>JOHN MILLER CAREPENTRY &amp; MASONRY, INC.</b>	
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Principal Place of Business <b>864 SUGAR GROVE COURT PORT ORANGE, FL 32129</b>	Mailing Address <b>864 SUGAR GROVE COURT PORT ORANGE, FL 32129</b>
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**DO NOT WRITE IN THIS SPACE**

**66012662**



01102005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>57-1192939</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>MILLER, JOHN 864 SUGAR GROVE COURT PORT ORANGE, FL 32129</b>
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**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 reinstating) DATE

**FILE NOW!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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	<b>P VESTAL, GEORGE 864 SUGAR GROVE COURT PORT ORANGE, FL 32129</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST VESTAL, CHRISTINE 864 SUGAR GROVE COURT PORT ORANGE, FL 32128</b>
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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:  4-19-05 386-747-3396  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #