


2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000133261		
1. Entity Name MALDONADO CARPENTRY INC.		

FILED

07 MAY 14 PM 1:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 9978 HOSFORD HWY QUINCY, FL 32351	Mailing Address 9978 HOSFORD HWY QUINCY, FL 32351
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

05142007 Chg-P CR2E034 (12/06)

4. FEI Number APPLIED FOR 20053107	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MALDONADO, FARMIN A 9978 HOSFORD HWY QUINCY, FL 32351		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MALDONADO, EFRAIN 9978 HOSFORD HWY QUINCY, FL 32351 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100103196701 05/24/07--01026--001 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MALDONADO, FERMIN A 9978 HOSFORD HWY QUINCY, FL 32351 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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K. Eckel MAY 14 2007

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 other like empowered.

SIGNATURE: Efrain Maldonado Date: 5/14/07