## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Mar 10, 2005 08:00 AM DOCUMENT # P03000135786 **Secretary of State** 1. Entity Name CONWAY CARPENTRY INC. Principal Place of Business Mailing Address 3625 SQUIRE LN ORLANDO FL 32806 3625 SQUIRE LN ORLANDO FL 32806 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State Applied For 4. FEI Number 86-1088659 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROCKE, DIRK A Street Address (P.O. Box Number is Not Acceptable) 3625 SQUIRE LN ORLANDO FL 32806 City 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 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. THILE DP TITLE Delete [ ] Change Addition NAME ROCKE, DIRK A NAME 3625 SQUIRE LN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32806 CITY-ST-ZIP Addition TITLE Delete THE Change U00000257973 NAME ROCKE, IRENE NAME 03/10/05-80022-010 150.00 3625 SQUIRE LN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32806 CITY ST-ZiP Delete THILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Change BITTLE ☐ Delete DUE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Delete DRE HILE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CHY-SI-ZIP HILE Delete THE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-Si-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

**FILED**